

PLEASE KEEP THIS SHEET!

Pack list and information - COST \$325.00

We will depart NPC on Monday at **3:00pm**. Bring lunch to eat on the way. We will return to NPC about **12-1:00pm** on Friday. Space is limited so get your forms and payment in ASAP. **Deadline to register is June 3. Complete the form to be registered. You can pay half now and balance is due June 3. Payment in full is due June 3.** Checks should be made out to NPC. Scholarships are available. Contact the office for info or with any questions.

- **Necessities**

- clothing for the week (for work at sites and for after work hours at camp)
- bathing suit/ beach towel (**ONE PIECE SUIT FOR GIRLS**, flip flops for the showers)
- personal toiletries (toothbrush, soap, shampoo, etc.)
- Bible (notebook and pen)
- \$ for incidentals
- any necessary medications in original containers with dosage information**
- plastic bag for dirty/wet clothes

- **Optional**

- snacks (no nut items, check your labels)
- flashlight

- **DO NOT BRING**

- headphones, CD players, MP3 players, other valuables, cell phones are allowed but will be locked up at camp
- good clothing (we are at camp and will be doing service projects so clothing may get ruined)
- energy Drinks (Red Bull, Monster, Vault, Jolt etc.)

Be sure to only have one bag. All linens are provided so you will not need to bring a sleeping bag, pillow or towels, other than a beach towel. You may bring a backpack or other small carry-on. Space is limited, please be courteous and only bring what you need!

Emergency numbers

Jose Rivera 630-715-5533

Tracey Bouton 630-621-8184 (local)

Miracle Camp

25281 80th Avenue

Lawton Michigan 49065



NPC HSM

GENERAL PERMISSION -

HIGH SCHOOL MINISTRIES—Participants under 18 years of age **FILL OUT COMPLETELY...PLEASE PRINT**

PERMISSION

For the following activity : **HSM SUMMER CAMP Shake up Kalamazoo, Miracle Camp, Lawton, Michigan** Date: **June 17-June 22, 2018**
Transportation by: **NPC Vans/HSM Leaders**

As a parent and legal guardian of _____ BD/AGE _____ Male _____ Female _____
(name of student)

I/We have reviewed the information attached hereto and/or incorporated by reference about the NPC ministry event and give my permission for the subject of this release to be involved in the listed activities.

I/We understand the rules and expected behaviors for this activity/trip, and NPC activities in general. If my son/daughter fails to abide by the rules, I/We understand appropriated disciplinary action will be taken, including -should it be deemed necessary-the removal of the student at the expense of the student's parents/guardians.

PHONE NUMBERS WHERE PARENT /GUARDIAN CAN BE REACHED DURING THE SAID EVENT:

(CELL)	(HOME)	(WORK)
_____	_____	_____

MEDICAL AUTHORIZATION

In the event of an accident of illness during the course of this activity, I/We:

(Parent/Legal Guardian of) (name of child)

authorize the NPC Ministry Director, NPC event coordinator, or one of the NPC adult supervisors in attendance to act on my behalf and approve appropriate medical attention should emergency treatment be necessary. I/We understand every effort will be made to inform me/us of all conditions and procedures to be taken before treatment is given.

Any medical conditions we should be aware of? (allergies, etc.) PLEASE be thorough.

Any medication being taken currently? Please list all medications, including repeated use nonprescription drugs.

Doctor: _____ Phone: _____

Medical insurance company name and policy group or ID number: _____

Parent/Guardian Signature for permission/medical authorization: _____

Parent email address: _____

Home address if not in NPC records _____

Are you a guest of an NPC student? Yes _____ Which Student? _____ Stu. Grade _____



Please read this agreement CAREFULLY before signing. If the participant is a minor (under the age of 18), all documents must also be signed by either a parent or legal guardian. All reference to "participant" deemed to include the parent or legal guardian of any participant who is a minor or the entire family in case of a family camp or retreat.

It is expressly understood and agreed that Miracle Camp & Retreat Center (MCRC) shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of MCRC or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of MCRC acting within the scope of his or her employment.

MCRC programs may include but are not limited to participation in waterfront activities (such as blob, water slide, water trampoline, etc), initiative courses and games, ropes courses, climbing towers and walls, the zip line, paintball, trap shooting, archery, hayrides, miniature golf, tobogganing, tubing, bonfires, hiking, camping in an outdoor setting, and riding in a MCRC vehicle. The purposes of the program are to provide participants with safe, challenging, experiential activities which require problem solving, decision making, self and group awareness, trust, cooperation, care and consideration of others. The activities will be discussed in light of the program objectives that have been predetermined by MCRC staff and leaders from your organization.

The participant is aware in signing this form that certain elements of the program are physically and emotionally demanding, and that not all hazards and dangers associated with the activities can be foreseen. The participant understands that certain risks, dangers and injuries, including fatality, due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent to outdoor settings may exist in the program's activities. The participant also agrees it is impossible for MCRC to guarantee absolute safety.

The participant understands and voluntarily assumes all such risks, dangers and injuries associated with participation in this program and agrees that neither MCRC, its director, staff nor other representatives in any capacity shall be responsible for any loss, damages, or injuries resulting to the participant in the absence of gross negligence imputable to MCRC. The participant further agrees to release, indemnify and hold MCRC, its director, officers, staff and agents harmless from or for any claims, causes or action, liabilities or damages that may arise as a result of or in connection with his/her participation in the program.

The participant expressly agrees to obey all of the program safety regulations and direction by the program's leaders. The participant voluntarily assumes and accepts responsibility for all risks, dangers and injuries resulting from either his/her failure to obey safety regulations and directions of activity leaders or from the exercise of judgment by such activity leaders made in good faith based on then existing circumstances.

The participant has read and understands the above form and understands the above Participant Agreement/Acknowledgment and Release Form. The participant's signature(s) on this document is also intended to bind his/her/their successors, heirs, representatives, administrators and assigns.

I will assume the responsibility for restricting any activities agreed upon and listed above. I assume full responsibility for my health and I certify that I am free of or will notify my instructor of any medical, physical or emotional conditions which might create undue risk for myself or others. I will exercise good judgment in regard to my own health, safety and well-being while participating in the program. If for any reason I question my ability to participate in the activity, I will tell my instructor prior to participation. I hereby grant permission to the medical personnel selected by the camp director, program director, or other leadership staff to order x-rays, routine tests, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me. I also grant permission for medical personnel to obtain access to necessary medical, psychiatric or social work records.

I certify that photographs and videotape pictures of me participating in camp activities may be used in promotional materials for the camp. I give my permission for MCRC to send me emails regarding upcoming events and news (we will not sell your information). This form may be photocopied for use out of camp.

Participant Name (Please print): _____		Male	Female
Group or Church Name: _____			
Email: _____		Cell _____	
Address: _____			
City _____	State _____	Zip _____	
Signature _____		Date _____	

Complete & Sign section below by parent/guardian for minor (under 18) for emergency contact:

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____