

PILGRIM POINT

camps & retreats,

**First UCC
Weekend
at Pilgrim Point
July 19-21, 2013**

2013 CAMP REGISTRATION PACKET

INSTRUCTIONS

- Print and complete Pages 3 to 6 of this packet. Each camper also must submit the attached health and medical release form.
- Registration deadline is June 6. Submit registration with partial or full deposit check (memo:PPC) to First UCC, 300 Union St., Northfield, MN 55057
- Space on bus and lodging is limited, PLEASE return the registration form as soon as possible.
- A schedule of events will be provided at a later date.

Registration Information

PILGRIM POINT
camps & retreats,



- **THEME FOR 2013:** Radical Hospitality
- **DATES:** Our Third Annual Intergenerational First UCC Family Camp will be July 19-21, 2013 at Pilgrim Point Camp on Lake Ida near Alexandria, Minnesota
- **HOSTED BY:** First United Church of Christ, Northfield
- **THIS CAMP IS:** For anyone in any family seeking an intergenerational faith experience in an outdoor setting.
- **ARRIVAL/DEPARTURE:** Arrive at Pilgrim Point Friday afternoon, Depart Sunday after closing worship.
- **REGISTRATION DEADLINE:** June 6. Submit registration with partial or full deposit check (memo:PPC): First UCC, 300 Union St., Northfield, MN, 55057
- **BUSING TO CAMP:** Space on bus and lodging is limited. PLEASE return the registration form as soon as possible.
- **MORE INFORMATION:** Please see the information packet/registration form available in the church office or on our website www.firstucc.org
- **OR CONTACT:** Phil Kasten (philkasten@gmail.com) cell 764 443 5817

To see the campus and learn more about Pilgrim Point: www.pilgrimpoint.org

Camp Registration

The undersigned (hereinafter "I" or "we" whether one or more) hereby register the below-named person(s) ("Participants" whether one or more) to participate in the camp at Pilgrim Point Camp **July 19-21, 2013**. I understand this Camp is sponsored and conducted by **First UCC, Northfield** while the Minnesota Conference of the United Church of Christ ("Conference") is providing food service and certain programs. The Conference and the Church both are glad to be part of the Pilgrim Point Camp ministry but are not engaged in a partnership or joint venture.

Registration Information: Please use one Registration Form for each household. (* if minors)

Registration Information

Please use one Registration Form for each household.

Name(s) of Participants (1) _____ 2) _____

Above Participant's Dates of Birth*: _____

Name(s) of Participants: (3) _____ 4) _____

Above Participant's Dates of Birth*: _____

Name(s) of Participants: (5) _____ 6) _____

Above Participant's Dates of Birth*: _____

** if minors*

Home Address: _____

Email(s): _____

Emergency Contact Information:

Name(s): _____

Phone numbers: _____

Any Special Needs, Medical Conditions, Restrictions, or Other Important Information:

(please continue on separate sheet if more space is needed).

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Camp Registration

Without limiting the following, I agree to promptly notify the Church of any new or changed needs, conditions, restrictions, or other information about any Participant that affects his or her involvement in this Camp and to restrict or withdraw any Participant from any of the same that he or she is or should be restricted or prohibited from engaging in. Such needs, conditions, and restrictions include, without limitation, any food, chemical, and/or other allergies or susceptibilities and any other kinds of health conditions, limitations, or needs. I also agree to notify the Church promptly upon any change to any of the same or any of the above contact information.

By registering for this camp, the undersigned jointly and severally state and agree as follows:

Consent For Minors. I am the parent or legal guardian of the Participants who are minors, and I hereby authorize and permit said minor(s) to participate in this Camp at Pilgrim Point Camp and in all activities, events, and programs that are part of or are associated with this Camp (collectively "Camp"). **Emergency Authorization.** If any medical care or treatments needed for any injury to or illness of myself or any of the Participants, I hereby (i) authorize and approve emergency and other treatment of the same; (ii) request the Church (or the Conference) attempt to contact one or more of the emergency contacts I have told the Church about and inform them of what has occurred; (iii) authorize the Church (or the Conference) to arrange for care by, secure transportation to, and/or take myself or the Participant to any available doctor, dentist, hospital, or other source of treatment; and (iv) agree I am responsible for any and all costs of and expenses associated with any of the same. I hereby indemnify, hold harmless, and defend the Conference and the Church from and against any claims for the same. I hereby authorize the Church (and the Conference) to release any information submitted in this Registration form or otherwise in their possession to any emergency or other medical providers and to staff associated with the Church, the Camp, or the Conference.

Media Release. The Church and Conference may photograph or film Camp activities, attendees, and events that might include the Participants. I hereby authorize and permit the Church and/or Conference to take photographs of and film any Participant during the Camp and license without further consideration use of any Participant's so photographed or filmed image and/or identify for their respective business purposes, including, without limitation, in their respective displays, online and printed newsletters, and other publications. Other persons at the Camp may also photograph or film Camp activities, attendees, and events, I understand and agree the Church and Conference are not controlling such photography or filming and have no responsibility for use of the same.

Acknowledgement and Waiver. I realize that participation in the Camp entails certain risks of personal injury and property damage, which risks include, but are not limited to, the possibility of injury or death related to swimming and boating, physical activity, use of Camp equipment and facilities, and the like. I also understand and agree that I am solely responsible for the Participant's transportation to and from the Camp. I knowingly accept and assume all such risks. In consideration of me and/or any above-named minor Participants attending the Camp, I hereby, on behalf of myself, any above-named minor

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Camp Registration

Participants, and our respective assigns, beneficiaries, heirs, personal representatives, trustees, and other successors or representatives, voluntarily and forever release, waive, and discharge the Church and the Conference, and their respective employees, volunteers, and representatives, from and against any and all causes of action, claims, damages, injuries, liabilities, or losses (including, without limitation, such that may in any way arise from, be connected with, or relate in any way to the Camp or the negligence of the Conference, the Church, or any of their respective employees, volunteers, and representatives) arising out of or in any way resulting from the Camp or our participation in or involvement with the Camp or any related activities or programs.

In return for sufficient good and valuable consideration, I hereby indemnify, hold harmless, and defend the Church and the Conference from and against any and all causes of action, claims, damages, injuries, liabilities, or losses that in any way arise out of, are connected with, or result from my or any above-named minor Participants' participation in or involvement with the Camp or any related activities or programs. Such indemnification and hold harmless terms shall apply and be fully enforceable even if such injury or damage arises out of the negligence of the Conference, the Church, or any of their respective employees, volunteers, and representatives and shall include, without limitation, the Church's and the Conference's reasonable attorney's fees associated therewith.

I, on behalf of myself and any above-named minor(s) and our respective assigns, beneficiaries, heirs, successors, and other representatives, agree that the waiver and release, assumption of risk, and indemnification, hold harmless, and defense provisions stated herein are intended to be as broad and inclusive as is permitted by the laws of the State of Minnesota and that if any portion thereof is held invalid, the balance shall, notwithstanding such invalidity of any portion, continue in full force and effect.

I have read this document, understand its terms, and understand that I, on behalf of myself and any above-named minor Participants, am through this document giving up substantial rights and am undertaking substantial obligations, including, among others, indemnification. I acknowledge that I am agreeing hereto freely and voluntarily, and intend this acknowledgement (whether hard copy or electronically transmitted) to be a complete and unconditional release of liability.

Signature of Adult Participant Or Parent(s)/Guardian(s) of a Minor Participant:

Printed Name(s) _____

Date of Signature(s): _____

**REGISTRATION MUST INCLUDE ALL PAGES AS WELL AS THE MEDICAL
RELEASE FORM AND A DEPOSIT.**

CONTINUED TO NEXT PAGE

Camp Registration

Utilizing some feedback from you and from our Conference staff we are seeking the following information to complete your registration.

- **How many of your group will ride the coach bus?**

- **If you have a housing preference please let us know (no guarantees!!).**

- **Are there accommodations we can provide? Diet? Mobility? Amplification? Other?**

- **Is this your first time to visit Pilgrim Point?**

- **Questions about Pilgrim Point Camp or First UCC Intergenerational Retreat Camp?**

Please bring any musical instruments you play, books for a sharing table, and a craft projects for the rainy day that just may happen!

See Pilgrim Point Camp website: www.pilgrimpoint.org

Or contact Phil Kasten at philkasten@gmail.com) OR 763 443 5817

Thank you!

Enclosed is \$_____ (minimum 50% by June 6)

Camper Name _____ M ___ F ___ Birthdate ___/___/___ Grade exiting _____
 Address _____ City _____ Zip _____ Church _____
 Parent's name _____ Phone _____ Email _____
 Parent's name _____ Phone _____ Email _____
 Camper email _____

INFORMATION REQUIRED BY STATE LAW

EMERGENCY INFORMATION

Alternative persons to be called in case of an emergency:

Name _____ Phone _____ Relationship _____

CHILD RELEASE INFORMATION

List others, beside parents, AUTHORIZED to pick up child

Name _____ Phone _____ Relationship _____

VACCINES (approximate date immunized)

DPT _____ Measles _____

Tetanus _____ Mumps _____

Oral Polio _____ Rubella _____

MEDICAL INFORMATION PAST OR PRESENT (please check)

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Defect/Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent)	<input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed-wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Diseases/Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently under Dr. care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

For each X Yes, please explain: _____

ALLERGIES (please check)

Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bee Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oak/Ivy Poisoning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bringing Bee Sting Kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other insects or animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any other allergies, including food allergies: _____

Current Medications to be continued at camp (dosage/frequency): _____

Dietary Restrictions Yes No _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? Yes No

If yes, please explain: _____

NON-PRESCRIPTION MEDICATIONS (I AUTHORIZE THE FOLLOWING MEDICATIONS TO BE ADMINISTERED AS NEEDED)

Tylenol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bernadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neosporin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chloraseptic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: These items will be provided by PPC and only administered if parent/guardian has given approval.

Suggested : Health Examination by Licensed Physician

ALL CAMPERS ARE SUGGESTED TO HAVE WRITTEN CONFIRMATION OF A HEALTH EXAMINATION WITHIN 24 MONTHS OF ATTENDING PPC.

I have examined the child named on this form within the past two years. Date Examined: ___/___/___

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

The applicant is under the care of a physician for the following condition/s: _____

The following activities should be limited by physician's advice: _____

The following activities should be encouraged by physician's advice: _____

The following treatment or medications to be continued at camp (please give specific dosages): _____

Additional health information: _____

Licensed Physician Signature: _____ Date: _____

Address: _____ Phone: _____

Date of Form Completion: _____ By: _____

PARENT'S AUTHORIZATION

This health history is correct, so far as I know, and the person/camper herein has permission to engage in all prescribed program activities. I give permission to the physician selected by Pilgrim Point Camp (PPC) to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by PPC to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named here. We recognize that the participant must follow safety instructions, remain in areas designed by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize PPC staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature _____ Date _____

MEMO OF UNDERSTANDING (To be read, understood and signed by Camper and Parent)

We welcome you to Pilgrim Point Camp summer program. In order to provide the best possible camp experience for every camper and leader, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to use tobacco, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept under the control of the Health Officer.
4. Campers are not to possess or use firecrackers or explosives, nor possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without PPCR staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, bullying, and sexual harassment/intimidation may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. Pilgrim Point Camp is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parent's expense and liability) who violates these rules. PPC staff reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. I have read, understood and will abide by the rules as stated above throughout my stay at camp. Signed:

Camper _____ Parent/Guardian _____ Date _____