

REGISTRATION FORM SUMMER 2012



Miracle Camp and Retreat Center • 25281 80th Ave, Lawton, MI 49065
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To register, visit www.miraclecamp.com and sign up online or fill out this form and mail or fax it in with your payment. Please contact us if you have any questions. Sign up quickly because camps fill up fast!

Camper Name _____ Male / Female
 Birthdate _____ Grade completed in 2012 _____
 Camper Email _____
 Parents Full Names _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone: _____
 Mother Work _____ Mother Cell _____
 Father Work _____ Father Cell _____
 Parent E-mail _____

We will send an email confirmation of your registration to the parent's email address. Please make sure this email is correct. If you would like a confirmation in the postal mail please leave email blank.

Cabinmate Choices _____
 You may select up to 2 friends to be in your cabin with you. To guarantee a spot with those friends, they must also put your name on their forms. We will do our best to make sure that you are in a cabin with your friends or others from your area.

Transportation to/from camp _____
 How is your child getting to and from your camp session?

Church Name _____
 Church City _____ State _____

Is this your first time attending summer camp? Yes / No
 How did you hear about Miracle Camp? _____

Special Needs or Registration Notes

(please circle any special conditions your child has and let us know any other needs about your child as we serve them)

Asbergers	Autism	Seizures
ADD/ADHD	Asthma	Allergies - please specify
Emotional Concerns	Behavior Concerns	Other - please specify

I understand that my camper will be participating in activities at Miracle Camp and Retreat Center which may include but are not limited to paintball, high ropes, low ropes, team sports, swimming, water activities, tubing, waterskiing and other water sports, small boats (kayaks, canoes, paddleboats), climbing wall, zip line, and other physical activities. I acknowledge that participation in these activities involves risk to the camper (and to camper's parents or guardians, if camper is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the activities described above, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "camp staff"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. In case of any emergency my child may receive medical treatment if necessary. I authorize the Miracle Camp staff to obtain emergency medical attention if necessary. My child may be photographed and pictures used in camp promotions, videos, brochures, and online.

Parent/Guardian Signature _____

Date _____

Would you like a payment plan?

We are happy to offer payment plans this year at Miracle Camp. Simply divide your balance due by the number of months remaining until camp to calculate your monthly payment.

For example: Your session is Junior High 1. You sign up on February 1st under the Tier 2 option, which costs \$370. You pay \$100 for your deposit and have a \$270 balance due. Five months remain until camp, so your monthly payment would be \$270 / 5 months = \$54.00.

What's up with the tiers?

New This Year You choose your price for camp! Refer to the back of this page for more information.

How Do I Know My Session?

Grade school - completed 2nd-4th grades
 Middle school - completed 5th-6th grades
 Junior high - completed 7th-8th grades
 Senior high - completed 9th-12th grades

Camp Session	Dates	Cost
<input type="checkbox"/> Middle School 1	June 10-16	Tier 1- \$340 Tier 2- \$370 Tier 3- \$400
<input type="checkbox"/> Senior High 1	June 24-30	Tier 1- \$360 Tier 2- \$390 Tier 3- \$420
<input type="checkbox"/> Grade School 1	July 1-4	Tier 1- \$220 Tier 2- \$250 Tier 3- \$280
<input type="checkbox"/> Junior High 1	July 8-14	Tier 1- \$340 Tier 2- \$370 Tier 3- \$400
<input type="checkbox"/> Senior High 2	July 15-21	Tier 1- \$360 Tier 2- \$390 Tier 3- \$420
<input type="checkbox"/> Middle School 2	July 22-28	Tier 1- \$340 Tier 2- \$370 Tier 3- \$400
<input type="checkbox"/> Junior High 2	July 29-Aug 4	Tier 1- \$340 Tier 2- \$370 Tier 3- \$400
<input type="checkbox"/> Grade School 2	Aug 5-11	Tier 1- \$340 Tier 2- \$370 Tier 3- \$400

Charges

Session Cost (See above) \$ _____

Session DVD - \$10 + \$ _____

Includes pictures

T-Shirt - \$15 + \$ _____

Pre-order a summer camp t-shirt! These unique shirts are not available in the camp store and can be viewed on our website.
 YS YM YL S M L XL 2XL

Discounts (one per registration)

Code _____ - \$ _____

Subtotal = \$ _____

Amount Paid _____

A \$100 minimum deposit is required. - \$ _____

Church Scholarships

Please list the amount of any church scholarships you are including with this form. - \$ _____

Balance Due = \$ _____

(one week prior to camp)
 (Months until your camp session) ÷ _____

Payment Plan = _____ per month

I authorize Miracle Camp to charge my card on the 1st of each month, for the above amount, until my balance is paid in full.
 YES NO

Payment Method (circle one)

Check Visa MasterCard Discover Card # _____ - _____ - _____ - _____ Exp. Date ____ / ____

Security Code _____ Name on Card _____ Signature _____

MIRACLE CAMP - MEDICAL INFORMATION

Please bring this form with you to registration at camp. Absolutely no admittance to a camp session without this form on file. Please do not mail form.

Camper's Name (Please print): _____ M () F ()
Camper's Date of Birth: _____ Age: _____

SPECIAL

(Please check all that apply)

CONDITIONS

HEALTH HISTORY

Major Hospitalizations, Surgeries, Injuries (Include year)

Allergies (Plant, Food, Insect, Medication, etc.)
(List allergy and treatment)

- Shortness of breath
- Excema, skin rashes
- Convulsions, seizures
- Heart trouble
- Menstrual problems
- History of bleeding
- Sleepwalking
- Frequent earaches, sore throats
- Trouble passing urine
- Speech problems
- Hayfever, asthma, wheezing
- Diabetes
- Bedwetting
- Other _____

Usual treatment for condition(s) above:

MEDICATIONS

(List all medications the child is bringing to camp)

Medication	Dose	Frequency	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IMMUNIZATION DATES

MMR _____ DP Tetanus Booster _____
Hepatitis B _____ Other _____

DATE OF LAST PHYSICAL _____
NAME OF PHYSICIAN _____
PHYSICIAN'S PHONE # _____

ALL medication must be turned in to the Health Officer. Prescription medicine must be sent in original prescription bottle with dosage instructions. The Health Officer has most over-the-counter medications. Please do NOT send over-the-counter medications unless your child has an allergy to commonly used medications. If you send any, send them in their original container along with usage instructions.

If your child uses an inhaler or epipen, does he/she need to carry it rather than turn it in to the Health Officer? _____

Has your child had or been exposed to any infectious conditions in the last two weeks? _____
If yes, please explain: _____

PERSON OTHER THAN GUARDIAN TO BE NOTIFIED IN EMERGENCY SITUATION _____
PHONE NUMBER: _____ ALT PHONE (Cell or Work): _____

Attach clear copies of both sides of your health insurance card OR fill in completely the information below.

INSURANCE INFORMATION

Name Policy Is In: _____ Policy Holder's Date-of-Birth: _____
Identification Number(s): _____
Insurance Company Name: _____
If Blue Cross/Blue Shield, List State: _____ Group Number: _____
Contract Number: _____ Service Code: _____
Address to Send Claim: _____
Employer Name: _____
Medicare: _____
Medicaid: _____
Additional Information: _____

It is expressly understood and agreed that Miracle Camp 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 Miracle Camp, 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 Miracle Camp acting within the scope of his or her employment.

I hereby grant permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also grant permission for medical personnel to obtain access to necessary medical, psychiatric or social work records. This form may be photocopied for use out of camp.

Parent\Guardian Signature: _____ Date: _____

RISK ACKNOWLEDGEMENT AND RELEASE FORM FOR PARTICIPATION IN CAMP ACTIVITIES

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.

Miracle Camp and Retreat Center programs may include participation in 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 Miracle Camp 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 Miracle Camp 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 Miracle Camp and Retreat Center 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 Miracle Camp and Retreat Center, 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 Miracle Camp and Retreat Center. The participant further agrees to release, indemnify and hold Miracle Camp and Retreat Center, 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 have completed the Health and Medical History and 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.

Camper Name: _____ Signature: _____ Date: _____

DUNES TRIP PERMISSION SLIP (FOR SENIOR HIGH CAMPERS ONLY)

During the senior high camp session each year, Miracle Camp and Retreat Center embarks on a day trip to Warren Dunes State Park with all of the senior high campers. At the dunes campers and staff can hike up the dunes, roll down the dunes, swim in Lake Michigan, and get messy in the ever popular clay pits!!! Each year this is a highlight of our senior high camp.

I _____ (name of parent), give permission for my child _____ (name of camper) to make a bus trip off the campus of Miracle Camp and Retreat Center to Warren Dunes, MI during the Senior High week of camp. The medical release form I signed for my teen's week of camp will be in effect for this trip, giving Miracle Camp leadership the authority to seek medical treatment in case of an emergency.

Signature: _____ Date: _____

TIERED PRICING

Summer camp has a great impact on the life of a child. At Miracle Camp, it is also a great value! Tiered Pricing is intended to help families recognize how much a week at camp costs and then select the level of payment that is most appropriate for their circumstances. Families may freely choose to participate at the Tier 1, Tier 2 or Tier 3 level. Every child will receive the exact same camp experience regardless of the level that is chosen. Any payment beyond the Tier 1 amount will qualify as a tax deductible donation.

TIER 1 - THE CAMP FEE

Every effort is made to keep the Camp Fee as low as possible. Miracle Camp offers one of the most economical experiences in the Midwest. At this level every camper's fee is subsidized by other year round programs and generous donations. We are glad to offer Tier 1 because it helps to keep camp affordable for as many families as possible.

TIER 2 - THE FULL COST OF CAMP

Electing to pay the Tier 2 price helps cover the full cost of providing your child's summer camp experience. Every family that is able to participate at this level can enjoy knowing that they are sustaining the Miracle Camp ministry and helping to keep it strong.

TIER 3 - FULL COST + SCHOLARSHIP HELP

God grants to every family differing stewardship responsibilities and opportunities. For families who are blessed to be able to help others Tier 3 pricing provides additional funds for Camp Scholarships. Balancing a camp budget while creating opportunities for as many families as possible to participate is a major challenge. Working cooperatively God's good and faithful people can accomplish great things!

MISSION AND MINISTRY

The mission of Miracle Camp and Retreat Center is to "facilitate life change by creating opportunities for people to draw close to God". The strategy to advance this mission is to consistently deliver "affordable quality, gracious hospitality and creative programs". Positively impacting the lives of children at summer camp is our highest calling. Thank you for allowing us to serve your family!

THINGS TO KNOW

Your registration will not be processed until we have received payment. We will email your confirmation along with a medical form and further information about your session.

Check in time is from 3-5pm on the first day of your camp session. Check-out time is at 10am on the last day of your camp session. All times are Eastern Standard Time.

Cancellation Policy - a \$50 handling fee will be charged for cancellations made 14 days or less prior to the start of that camper's session. No refunds can be made after that time. The handling fee will be waived for cancellations due to a medical reason.

Extra Payments will automatically be added as a credit in the camp store. If you wish to have your overpayment sent back to you please let us know. Un-spent store money will be returned at end of week.

Financial Assistance is available. Please speak with your local church first. You may apply for additional funds on our website at www.miraclecamp.com under the Summer Camp link.