

ACT 3

the Camp

LAKE RETREAT, WA

REGISTRATION FORMS

GENERAL INFO

HELLO! WE AT MEMORIAL BIBLE CHURCH, THE MBC YOUTH, TOGETHER WITH THE CHURCHES AND YOUTH GROUPS PARTNERING WITH US, ARE SO EXCITED FOR YOUR STUDENT TO JOIN US THIS SUMMER FOR OUR 2024, JR. HIGH AND HIGH SCHOOL YOUTH CAMP, "THE CAMP, ACT 3" @ LAKE RETREAT CAMP IN WASHINGTON.

THE CAMP WILL BE FROM JUNE 24 - 28. THE COST IS \$425.

NOW, WE UNDERSTAND THAT THE COST MAY SEEM DAUNTING BUT WE WANTED TO MAKE SURE YOU KNEW THAT THE COST OF CAMP IS DUE TO RISING COST. THE CHURCH OR YOUTH GROUP DOES NOT MAKE ANY PROFIT FROM THIS AT ALL. THE COST GOES ENTIRELY TO PAYING FOR THE STUDENT'S CAMP RESERVATION, BREAKFAST, LUNCH, DINNER, LODGING, A CAMP T-SHIRT, A CAMP TEAM CAP, CAMP BOOKLETS, A SOUVINER, AND TRANSPORTATION. IT ALSO GOES TO ENSURING WE HAVE THE PROPER STAFFING, VOLUNTEERS, AND EQUIPMENT!

IF YOUR STUDENT IS IN NEED OF FINANCIAL ASSISTANCE TO ATTEND YOUTH CAMP PLEASE CONTACT THE MBC YOUTH DIRECTOR AT PPATINGO@MBCYAKIMA.COM HOWEVER, IF YOUR STUDENT IS PARTICIPATING THROUGH ONE OF OUR PARTNER CHURCHES, PLEASE CONTACT THE YOUTH PASTOR/DIRECTOR THERE FOR HELP.

NOW, IN THIS PDF ARE FORMS AND WAIVERS THAT MUST BE COMPLETED AND TURNED IN TO RESERVE YOUR STUDENT'S SPOT SO THAT THEY CAN PARTICIPATE IN AND AT OUR YOUTH CAMP.

THERE ARE 3 FORMS ALL STUDENTS MUST COMPLETE. PLEASE NOTE THAT EACH PARTICIPATING STUDENT MUST COMPLETE ALL FORMS EVEN IF THEY ARE FROM THE SAME FAMILIES AND HAVE THE SAME INFORMATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS, PLEASE CONTACT THE MBC YOUTH DIRECTOR AT PPATINGO@MBCYAKIMA.COM OR THE MBC YOUTH ASSISTANT AT CLANTRIP@MBCYAKIMA.COM

PLEASE NOTE THAT IF YOUR STUDENT IS PARTICIPATING IN OUR YOUTH CAMP THROUGH ONE OF OUR PARTNER CHURCHES, PLEASE CONTACT THE YOUTH PASTOR/DIRECTOR THERE FOR HELP.

THE THREE FORMS THAT NEED TO BE COMPLETED ARE:

- (1) THE CAMP REGISTRATION FORM,
- (2) THE 2023-2024 MBC CONSENT FORM,
- AND (3) THE LAKE RETREAT WAIVER FORM.

ONCE ALL FORMS HAVE BEEN FILLED OUT AND COMPLETED, PLEASE RETURN THEM WITH YOUR PAYMENT (CASH, CHECK, AND CARD ACCEPTED) TO EITHER

THE MBC CHURCH OFFICE, OPEN M-F FROM 8 AM TO 4 PM

OR

TO THE MBC YOUTH DIRECTOR AND/OR MBC YOUTH ASSISTANT DURING MBC YOUTH GROUP, SUNDAY NIGHTS FROM 6 TO 8 PM.

OR

IF YOU ARE PARTICIPATING IN OUR YOUTH CAMP THROUGH ONE OF OF OUR PARTNER CHURCHES, PLEASE TURN IN YOUR DOCUMENTS AND PAYMENTS TO THEIR CHURCH OFFICE AND/OR YOUTH PASTOR/DIRECTOR, UNLESS THEY HAVE STATED OTHERWISE.

PLEASE NOTE THAT REGISTARTION FOR YOUTH CAMP ENDS SUNDAY, JUNE 2, AT 8 PM. IF THERE ARE ANY CHANGES TO THIS, WE WILL INFORM YOU ASAP!

THE CAMP REGISTRATION FORM

GENERAL INFORMATION

NAME OF STUDENT (FIRST AND LAST): _____

GENDER: (CIRCLE ONE) M F

BIRTHDAY (MM/DD/YY) & AGE OF STUDENT: _____

GRADE OF STUDENT: (CIRCLE ONE) (JR. HIGH) 6 7 8 (SR. HIGH) 9 10 11 12 GR*

PLEASE NOTE THAT WE DO ALLOW RECENTLY GRADUATED (GR*) SENIORS TO ATTEND.

SCHOOL STUDENT ATTENDS: _____

CHURCH OR YOUTH GROUP THE STUDENT ATTENDS: _____

CAMP SPECIFIC INFORMATION

DOES THE STUDENT KNOW HOW TO SWIM? (CIRCLE ONE) YES NO

DOES THE STUDENT HAVE ANY FOOD ALLERGIES? (CIRCLE ONE) YES NO

IF THE STUDENT HAS FOOD ALLERGIES, PLEASE CHECK THE LIST BELOW AND INDICATE WHICH FOOD ALLERGIES THEY HAVE.

- GLUTEN-FREE
- DAIRY-FREE
- NUT ALLERGY
- SHELL FISH ALLERGY

IF THE STUDENT HAS ANY OTHER ALLERGIES, PLEASE INDICATE BELOW. ADDITIONALLY, IF THE STUDENT HAS AN EPIPEN OR MEDICINE FOR IT, PLEASE INDICATE THAT AS WELL. IF THE STUDENT TAKES MEDICATION IN GENERAL FOR ANY REASON, PLEASE INDICATE THAT BELOW TOGETHER WITH THE NAME OF THE MEDICATION (THIS INFO WILL BE PROVIDED TO OUR CAMP NURSES).

FOR ROOMING AND SLEEPING ARRANGEMENTS, PLEASE INDICATE BELOW IF YOUR STUDENT HAS ANY ROOMMATE OR GROUP PREFERNECES. NOTE* WE WILL TRY OUT BEST TO PUT YOUR STUDENT TOGETHER WITH THEIR PREFERRED ROOMMATES OR GROUP PREFERENCES BUT CANNOT GUARANTEE THAT ALL REQUESTS CAN BE HONORED DEPENDING ON ROOM LIMITATIONS AND BEDDING AVAILABILITY IN EACH ROOM.

2023-2024

MBC CONSENT FORM

NOTE* IF YOU HAVE ALREADY OR THINK YOU HAVE ALREADY FILLED OUT THE MBC CONSENT FORM, PLEASE CONTACT PAUL PATINGO (YOUTH MINISTRY DIRECTOR) OR COLE LANTRIP (YOUTH ASSISTANT) TO VERIFY.

I/WE _____
(PARENT/GUARDIAN #1)

AND _____
(PARENT/GUARDIAN #2)

GIVE PERMISSION FOR _____
(STUDENT'S FULL NAME)

TO PARTICIPATE IN ALL MEMORIAL BIBLE CHURCH YOUTH SPONSORED EVENTS DATING FROM JANUARY 1, 2023 UNTIL DECEMBER 31, 2024.

IN THE EVENT THAT HE/SHE IS INJURED REQUIRING MEDICAL ATTENTION AND/OR THE CARE OF A DOCTOR(S) AND/OR SPECIALIST(S), I/WE HEREBY CONSENT TO AND ACCEPT ALL RESPONSIBILITY FOR ANY MEDICAL TREATMENT AS DEEMED NECESSARY BY THE DOCTOR(S) AND/OR SPECIALIST(S).

I/WE AUTHORIZE AN ADULT, WHO HAS BEEN ENTRUSTED WITH THE CARE OF OUR CHILD, TO CONSENT TO ANY MEDICAL TREATMENT AS DEEMED BY THE DOCTOR(S) AND/OR SPECIALIST(S).

I/WE GIVE PERMISSION FOR AN ADULT, WHO HAS BEEN ENTRUSTED WITH THE CARE OF OUR CHILD, TO TAKE ANY NECESSARY STEPS TO THE BEST OF HIS/HER DISCERNMENT TO STOP BLEEDING AND/OR ADMINISTER FIRST AID.

I/WE AGREE TO HOLD HARLESS THE LICENSED PHYSICIAN(S) AND/OR SPECIALIST(S), THE MEDICAL FACILITY, MBC (MEMORIAL BIBLE CHURCH) AND ITS REPRESENTATIVES AND FREE OF ANY CLAIMS, DEMANDS, AND LAWSUITS FOR ANY DAMAGES, ARISING FROM AUTHORIZATION AND PROVISION OF ANY SUCH TREATMENT AS MENTIONED ABOVE.

I/WE RELEASE ALL REPRESENTATIVES OF MBC, INCLUDING BUT NOT LIMITED TO, PASTORS, STAFF, LEADERS, VOLUNTEERS, AND STUDENTS FROM ANY LIABILITY DUE TO ACCIDENT OR INJURY INCURRED BY MY CHILD.

I/WE WILL COVER ALL COSTS IF CHILD NEEDS TO BE SENT HOME FOR MEDICAL OR DISCIPLINARY REASONS. I/WE GIVE PERMISSION FOR OUR SON/DAUGHTER TO RIDE IN A VEHICLE THAT WILL BE USED IN TRANSPORTATION FOR THE EVENT, WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, A BUS, LARGE VAN, A CAR DRIVEN BY A VOLUNTEER, LEADER, OR STAFF, AIRPLANE, ETC. I/WE UNDERSTAND THAT WE MAY BE CALLED UPON AND RESPONSIBLE TO PICK UP OUR CHILD IN THE CASE OF AN EMERGENCY OR DISCIPLINARY SITUATION (MOSTLY, BUT NOT LIMITED TO, A LOCAL EVENT).

I/WE UNDERSTAND THAT ALL INFORMATION ON THIS FORM WILL APPLY TO ALL EMERGENCY OR DISCIPLINARY SITUATIONS AND REMAIN IN EFFECT FOR THE DURATION OF JANUARY 1, 2023 UNTIL DECEMBER 31, 2024. I/WE WILL ALERT MBC AND ITS YOUTH MINISTRY OF ANY AND ALL CHANGES OF THE INFORMATION ON THIS FORM THROUGHOUT THE DURATION OF THE YEAR SO THAT A NEW CONSENT FORM CAN BE DRAFTED, COMPLETED, AND SIGNED.

PARENT/GUARDIAN SIGNATURE: _____

CHILD'S NAME: _____, DATE OF BIRTH: _____ CURRENT GRADE: _____

EMAIL (IF ANY): _____, PHONE NUMBER (IF ANY): _____

CHILD'S ADDRESS: _____, CITY: _____, STATE: _____, ZIP CODE: _____

FATHER'S/GUARDIAN'S NAME: _____, CELL PHONE: _____

HOME NUMBER: _____, WORK NUMBER (& EXT): _____

MOTHER'S/GUARDIAN'S NAME: _____, CELL PHONE: _____

HOME NUMBER: _____, WORK NUMBER (& EXT): _____

EMERGENCY CONTACT: _____, CELL PHONE: _____

BEST EMAIL TO REACH PARENTS: _____

PLEASE COMPLETE THE MEDICAL INFORMATION ON THE NEXT PAGE.

2023-2024

MBC CONSENT FORM CONTINUED

MEDICAL INFORMATION

**DOES YOUR SON/DAUGHTER HAVE ANY ALLERGIES?
IF YES, PLEASE LIST ALL BELOW.**

**DOES YOUR SON/DAUGHTER TAKE ANY MEDICATIONS?
IF YES, PLEASE LIST ALL BELOW.**

**DOES YOUR SON/DAUGHTER HAVE ANY OTHER MEDICAL CONDITIONS?
IF YES, PLEASE LIST ALL BELOW.**

MEDICAL INSURANCE?

PLEASE FILL OUT THE MEDICAL INSURANCE INFORMATION BELOW.

DATE OF LAST TETANUS SHOT: _____

INSURANCE COMPANY: _____, POLICY NUMBER: _____

SECOND POLICY NUMBER (IF APPLICABLE): _____

ADDRESS OF INSURANCE COMPANY: _____

CITY: _____, STATE: _____, ZIP CODE: _____

PHONE NUMBER OF THE INSURANCE COMPANY: _____

PRIMARY DOCTOR'S NAME: _____, PHONE NUMBER: _____

NOTE* YOUR CHILD MAY BE PHOTOGRAPHED. IF YOU DO NOT WANT YOUR CHILD'S PHOTO USED ON OUR WEBSITE OR FOR PROMOTIONAL PURPOSES, PLEASE COMPLETE A "NO PHOTO USE" IN THE OFFICE. THANK YOU!

ALL CAMPER, GUESTS, VOLUNTEERS, AND STAFF MUST SUBMIT THIS WAIVER TO ATTEND AN EVENT AT LAKE RETREAT CAMP.

Activity & Health Waiver - Release of Liability, Assumption of Risk, and Indemnification Agreement

This document affects your legal rights: Read carefully before signing.

The undersigned is the participant or the legal guardian of a minor child who desires to participate in an event at Lake Retreat Camp and Conference Center ("LRCC"). On behalf of myself ("Participant" or "Guardian"), and my minor child ("Camper"), I hereby waive the rights described below and release LRCC from liability related to the activities described herein.

- 1) **ACTIVITY AND ASSOCIATED RISKS:** I have chosen to participate or allow my Camper to participate in activities at Lake Retreat Camp. Activities may include but are not limited to swimming, boating, water elements, axe throwing, volleyball, mini-golf, swings, tire swing, field and rec. center usage, other sports, other activities brought by the renting guest group, etc. I understand, acknowledge, and agree that:
 - a) Participation may be inherently dangerous and hazardous, and that I or my Camper may be exposed to dangers, hazards, and physical and mental trauma.
 - b) As a consequence of these risks, I or my Camper may be seriously hurt, disabled, or may die from the resulting injuries, and my property may also be damaged.
 - c) Hospital facilities, qualified medical care, and medical evacuation may be limited by local conditions; and
 - d) LRCC assumes no responsibility for providing medical care during the Activities, and I shall be solely responsible to pay for any medical care and/or evacuation that myself or my Camper incurs.
- 2) **ASSUMPTION OF THE RISKS:** I agree that my participation or my Camper's participation is entirely voluntary and I, or I on my Camper's behalf, freely assume the above-mentioned risks and any harm, injury or loss that may occur as a result of my or my Camper's participation.
- 3) **RELEASE OF LIABILITY:** I, or I on behalf of Camper, hereby waives any claims against and releases LRCC, its agents, employees, contractors, and suppliers from, any liabilities, claims, causes of action, or expenses (including attorney fees) that arise from or are related in any way to injuries or damages, of any kind or any nature, resulting from participation. I acknowledge that I derive personal satisfaction and a benefit by virtue of my participation at LRCC, and I willingly engage in LRCC events.
- 4) **INDEMNIFICATION.** I agree that I shall indemnify and hold harmless LRCC from and against any and all claims, causes of action, expenses (including attorney fees and costs), liabilities and/or obligations that arise out of or are related in any way to my or my Camper's participation.
- 5) **AUTHORITY.** Guardian represents and warrants that Guardian has the legal authority to execute this document and to act on behalf of Camper.
ASSUMPTION OF THE RISK –COVID-19 or other Diseases. I acknowledge and understand the following:
- 6) Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
- 7) I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID- 19, even if arising from the negligence or fault of the Released Parties; and
- 8) I hereby knowingly assume the risk of injury, harm and loss associated with the LRCC, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of the Released Parties.
- 9) I acknowledge and agree that LRCC is not responsible for related costs including medical bills, hospital bills, testing or legal/attorney's fees.

RELEASE AND WAIVER. I HERE BY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE LAKE RETREAT AND CONFERENCE CENTER AND ITS AFFILIATED PARTNERS AND SPONSORS, INCLUDING IN EACH CASE, WITHOUT LIMITATION, THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASED PARTIES, INCLUDING BUT NOT LIMITED TO DEATH, BODILY INJURY, ILLNESS, ECONOMIC LOSS OR OUT OF POCKET EXPENSES, OR LOSS OR DAMAGE TO PROPERTY, WHICH I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVES, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF, WHICH ARISE OR MAY HEREAFTER ARISE FROM MY OR MY CAMPERS PARTICIPATION AT LRCC.

Photography/Video Release: I, or Guardian on behalf of Camper, hereby grant to LRCC, its representatives, and employees the right to take photographs/videos of myself or my Camper in connection with my or my Camper's participation at LRCC. I hereby authorize LRCC to copyright, use, and publish the same in print and/or electronically. I hereby agree that LRCC may use such photographs of myself or my Camper for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

Participant's Signature _____

Date _____

Phone: _____ Email: _____

For Minor's Participation:

Parent/Guardian Signature _____

Date _____

Print Participant's Name _____

Parent/Guardian Printed Name _____

Participant's Date of Birth _____

Relationship to Participant _____

Camp/Group/Church Name _____

