

**Grosse Pointe Memorial Church
2019 Registration Form
4th/5th grade Winter Retreat
Camp Michindoh
FRIDAY, MARCH 1 - SUNDAY, MARCH 3, 2019**

Use the checklist to make sure Registration is complete

- | | |
|---|---|
| <input type="checkbox"/> 2019 Winter Retreat Registration form | Health History form-Parent & Minor sign |
| <input type="checkbox"/> Power of Attorney form | \$130.00 per child - make check to GPMC |
| <input type="checkbox"/> Photo Release form | |
| <input type="checkbox"/> Participant Release form-Parent & Minor sign | |

Family Name

Parent Name(s)

Child's Name

Grade

Street Address

Home Phone

City

Zip

Phone: Dad's cell Mom's cell other

Family e-mail address

Phone: Dad's cell Mom's cell other

**Return forms and payment to the Christian Education Office at
Grosse Pointe Memorial Church
by Wednesday, February 27.**

Make checks to "Grosse Pointe Memorial Church" (or "GPMC")

The cost is \$130.00/per child.



Grosse Pointe Memorial Church

16 Lakeshore Drive
Grosse Pointe Farms, MI 48236
(313) 882-5330

LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent
February 14, 2019 through August 14, 2019

Name of Dependent _____ Birth date _____

Allergies/Illnesses _____

Medications being taken _____

I hereby grant to the following individuals:

Rev. Peter Henry, Lisa Turner, Rev. Sarah Godbehere, or any of the designated Advisors of the Grosse Pointe Memorial Church PC (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236 (313) 882-5330, the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective February 14, 2019 through August 14, 2019. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Legal Guardian Relationship to child Date

Street Address City, State, Zip

Telephone: Home _____ Work _____

Mom's Cell _____ Dad's Cell _____

Health Insurance Company _____ Policy Numbers _____

Emergency Contact Name _____ Relationship _____

Home _____ Work _____ Cell _____



THE PRESBYTERIAN CHURCH (U.S.A.)
A Light by the Lakeshore

GROSSE POINTE MEMORIAL CHURCH Photo Release Form

I hereby grant permission to Grosse Pointe Memorial Church to use my and/or my minor child's photograph on its World Wide Website or in other official Memorial printed publications for the purpose of promoting Memorial ministry without further consideration, and I acknowledge Memorial's right to crop or treat the photograph at its discretion. I also acknowledge that Memorial may choose not to use my photo at this time, but may do so at its own discretion at a later date.

To maintain privacy, all photographs of minors will have first names published only. I also understand that once my image is posted on the Grosse Pointe Memorial Church website, the image can be downloaded by any computer user on or off church property and I agree not to hold the church responsible in such event.

I DO GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

I DO NOT GIVE Grosse Pointe Memorial Church permission to use my and/or my child's name and photograph on the church's website or other official Memorial printed publications.

Name: _____

Name of Child(ren): _____

Parent/Guardian Signature: _____ Date: _____



Michindoh Conference Center

A S P R I N G A R B O R U N I V E R S I T Y C A M P U S

Adventure Activities Participant Agreement

- I am voluntarily agreeing to participate in adventure activities (e.g. high ropes, climbing walls, challenge initiatives), and I understand I have the right to limit my participation in any activity that I believe will compromise my safety.
- I understand these activities require minimum levels of fitness, ability, and health (physical, mental, and emotional), and that I am responsible to know my own condition and limitations and should not participate if I suspect my health could be at risk for any reason, or if a pre-existing condition could be aggravated.
- I will not participate if I have any of the following conditions: a recent surgery or illness; heart conditions, high blood pressure, or aneurysms; neck, back, or bone ailments; pregnancy; or under the influence of alcohol, drugs, or medication that impairs my physical, mental, or emotional abilities.
- I understand these activities have significant and inherent risks (e.g. cuts, bruises, dislocations, fractures, or fatality); and that these types of injuries may result from my own actions, from the actions of another participant, or from a combination of both; and that a number of these risks are beyond the control of Michindoh and its staff. I am assuming these risks voluntarily.
- I understand that Michindoh staff has the right to deny my participation and that it is my responsibility to follow the instructions, guidelines, and procedures established by the facilitators. If, at any time, I do not understand or have not heard specific instructions given by the facilitators, I realize it is my responsibility to ask for clarification and/or assistance before participation.

Medical Release

- If an illness or injury occurs during my participation, I give my consent to Michindoh employees and to emergency medical personnel to treat me if they deem it to be medically necessary, and to secure such medical advice and services they feel necessary for my well-being including emergency anesthesia and/or surgery.
- I agree to accept financial responsibility for any expenses and/or loss of income not covered by my insurance policy that results from my participation in adventure activities.

Liability Release

- I understand and assume all dangers and risks, known and unknown, associated with my presence at any activity or participation in or use of adventure activities, and waive, release, and discharge Michindoh and their agents, officers, and employees from any and all claims or causes of action arising from such presence or participation. I do hereby release Michindoh and its agents, officers, and employees from any and all liability, even if arising from the negligence of the releasees. I do hereby agree to indemnify and hold harmless Michindoh and its agents, officers and employees for any accidents, injury, loss or damage of property, and from any legal fees that I may ever have as a direct or indirect result of said presence or participation. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.
- My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections above. In the case of the participant being a minor, the signatures below indicate both the minor and the parent/guardian agree to all of the sections above and have discussed the information together.

Participant Signature (Minors must sign)	Name (Printed)	Date
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Parent/Guardian Signature (If participant is under 18 years of age)	Relationship	Date
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Michindoh Adventure Activities Participant Health History

Participant Name _____ Insurance Company _____

Participant Address _____

This form is intended to remind participants of the seriousness of participation in adventure activities with a preexisting injury or other known medical condition which might be aggravated during participation or cause harm to others, and to collect basic health history in case of an emergency.

Questions	Participant Responses		
1. Do you have any preexisting injuries that could be aggravated during participation?	Yes	No	
2. Are you taking any current medications? _____	Yes	No	
3. Do you have any allergies? _____	Yes	No	
4. Have you had a recent surgery or illness?	Yes	No	
5. Do you have a heart condition, high blood pressure, or aneurysms?	Yes	No	
6. Do you have neck, back, or bone ailments?	Yes	No	
7. Do you have emotional or mental factors that could affect your participation?	Yes	No	
8. Is there any other information you feel is relevant to your participation?	Yes	No	
9. What is your level of physical activity in daily life?	Low	Medium	High

Please include any additional information you feel is relevant: _____

If you answered "Yes" to any question above, it is your responsibility to discuss that item with a medical professional, group leader, and/or Michindoh facilitator in order to make an informed decision about whether or not you should participate. Michindoh facilitators can only provide information regarding the activities to participants and cannot provide suggestions, approval, or advice on whether a participant should participate in light of the kind of information communicated on this form. Michindoh reserves the right to deny or stop participation of any participant at any time.

Emergency Contact Name _____ Relationship _____

Contact Number(s) _____

Participant Signature _____ Date _____
(Minors must sign)

Parent/Guardian Signature _____ Relationship _____ Date _____
(If participant is under 18 years of age)