

# SpringHill Day Camp 2010 Registration

Hope Comm. & Mack Ave. Church

July 6-9, 2010

Camper First Name	Camper Last Name	Birth Date	Grade Completed by 6/15/2010	Gender
Parent or Guardian's Full Name		Spouse's Name	Parent's Cell Phone	Spouse's Cell Phone
Street Address		City	State	Zip Code
Home Phone	Business Phone (indicate whose)		Parent E-mail Address	
Camper's Church (if applicable)			Camper's School	
Camper's previous SpringHill attendance: <input type="checkbox"/> Day Camp <input type="checkbox"/> Indiana Overnight Camp <input type="checkbox"/> Michigan Overnight Camp <input type="checkbox"/> None				
Teammate Choices: List the first and last names and parent's email addresses of the day campers your child would like to be on the same team with.				

## BILLING INFORMATION

A deposit of \$50 is required to register. If canceling seven or more days prior to the first day of camp, \$50 of the paid camp fee will not be refunded. If canceling six or less days before the first day of camp, \$100 of the paid camp fee will not be refunded. No shows for a scheduled camp will forfeit their entire camp fee. If a camper needs to cancel, substitution of a sibling or friend is not permitted. Your signature authorizes your deposit as well as automatic collection of your balance due on May 4, 2010 using the same payment method. It may take up to 5 days to process. Registrations made after May 4, 2010 will require full payment.

Signature (Without your signature, it will not be possible for us to process your registration.)

Camp fee for first child is \$0 each additional sibling is \$0

Enclosed or authorized  \$0 Deposit  Full Amount Other amount \$\_\_\_\_\_

1. Electronic transfer from checking account: \_\_\_\_\_

Bank Name	Bank Transit/Routing Number	Bank Account Number
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2. Check Enclosed. (Your check will be processed as an EFT as well as the remaining balance on May 4, 2010.)

NOTE: In an effort to keep camp costs down, we would prefer that you use a credit/debit card as your last option of payment.

3. Debit/Credit Card:  Visa  Master Card  Discover \_\_\_\_\_

Credit Card Number	Expiration	Name on Card
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## SPECIAL NEEDS

Does your camper have any physical, emotional, mental or behavioral challenges that have been professionally diagnosed or are under evaluation?  Yes  No

Does your camper currently receive special assistance at school?  Yes  No

Will your camper potentially require special attention in order to participate in normal camp activities?  Yes  No  Unsure

Please indicate the severity of all applicable conditions: 1 Mild, 2 Moderate, 3 Severe

Asperger's	1 2 3	Immune Disorder	1 2 3	Hearing Impaired	1 2 3	Food Allergies: _____	Additional Information:
Autism	1 2 3	Seizure Disorder	1 2 3	Blind/Legally Blind	1 2 3	_____	
ADD/ADHD	1 2 3	Bone/Joint/Muscle	1 2 3	Behavior Concerns:	_____	Other: _____	
Asthma	1 2 3	(MDS/CP/Other)	_____	Emotional Concerns:	_____	_____	

We want to make sure that each child receives the level of attention needed to provide an incredible, inclusive camp experience. Our staff will contact you if there is concern that your camper's needs may require additional assistance from our staff or potentially exceed our ability to provide exceptional care to him/her and others.

## RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT TO MEDICAL ATTENTION AND USE OF IMAGES

I understand that all camping and recreational programs carry with them significant risks. Although SpringHill Camps ("SpringHill") has taken reasonable and prudent steps to reduce foreseeable risks, they still exist. Accordingly, in exchange for my child or ward being allowed to participate in the SpringHill Camping Program (the "Program"), to be conducted at the location identified above, we, the parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) of the child or ward identified on this Registration Form agree to be bound by each of the following: 1. **Voluntary Participation.** I understand and confirm that our child or ward's participation in the Program is voluntary. 2. **Identification of Risks.** I understand that the Program takes place at various locations in Michigan and Indiana. I understand that there are certain dangers, hazards, and risks inherent in camping activities and in the activities included in the Program and Activity. I also understand that medical facilities or treatment may be inadequate or unavailable during portions of the Program. I understand that our child's or ward's participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known to SpringHill and not reasonably foreseeable at this time. I understand that this Release of Liability, Waiver, Indemnification, and Consent is intended to address all of the risks of any kind associated with my child's or ward's participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of SpringHill or its 3. **Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my child's or ward's participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my child's or ward's participation in the Program. 4. **Release and Waiver.** I release SpringHill and its directors, officers, employees, agents, volunteers, successors, and assigns from all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my child's or ward's participation in the Program (a "Claim"), whether or not caused in whole or in part by the negligence or other misconduct of SpringHill or any of the individuals mentioned above. 5. **Indemnification.** I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) SpringHill and its directors, officers, employees, agents, volunteers, successors, and assigns, from all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my or my child's or ward's behalf, that is released or waived by this instrument), in any way connected with or arising out of my child's or ward's participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of SpringHill or any of the individuals mentioned above. 6. **Binding Effect.** This instrument shall be binding upon my child's or ward's relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of SpringHill, the Program, and their respective directors, officers, employees, agents, volunteers, successors, and assigns. 7. **Consent to Medical Treatment.** I authorize SpringHill and its representatives, if present, to provide to my child or ward, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should my child or ward require such assistance, transportation, or services as a result of injury or damage related to any participation in the Program. This consent does not impose a duty upon SpringHill or its representatives, to provide such assistance, transportation, or services. 8. **Use of Images.** By signature below, I grant to SpringHill, its successors and assigns, the right to use, publish (in any medium, but not limited to, print, digital, or display and transmission on the Internet), publicly display and perform (in any format, but not limited to, film, slide, television, digital display and/or transmission on the Internet), and copyright for its fundraising, marketing, educational media project, and other commercial purposes (the "Project"), photographs and/or video-taped interviews of my child or ward (collectively, the "Multi-Media Works"). By signature below and in consideration for SpringHill's agreement to have the Multi-Media Works taken for the possibility of being featured in the SpringHill Project, and the expense that it may incur in having the Multi-Media Works taken, processed, and produced, I release, on behalf of myself and my child or ward, SpringHill, its directors, officers, employees, agents, successors, assigns, and all persons acting under SpringHill's permission or authority, from any liability for, and waive any and all claims for injury, loss, damage, or compensation, or any other claims (including libel and slander, invasion of privacy, and violation of publicity rights) in any way connected with me and my child or ward, and arising out of SpringHill's use of the Multi-Media Works in its Project. Finally, by signature below, I waive any right that I, or my child or ward, may have to inspect or to approve the Multi-Media Works' finished product or other copy that SpringHill may choose to use for the Project or in connection with other materials related to SpringHill, its business, and products. By signature below, I understand and agree to the terms above. I understand that I am giving up rights by signing it. I am signing it voluntarily. 9. **Severability.** If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument. 10. **Applicable Law.** Because the SpringHill Program is conducted in the States of Michigan and Indiana respectively and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the laws of the States of Michigan and Indiana respectively. **THIS IS A RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I HAVE READ THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND MY CHILD'S OR WARD'S RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT VOLUNTARILY.** If the person participating in the Program is not yet 18 years old, a parent or the legal guardian must sign: In exchange for my/our child or ward being allowed to participate in the SpringHill Program and as the parent(s) or legal guardian(s) of the above named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Release of Liability, Waiver, Indemnification, and Consent.

Printed Name (Parent or Legal Guardian) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax completed form to 231.734.0045 or mail to SpringHill Camps, P.O. Box 100, Ewart, MI 49631.