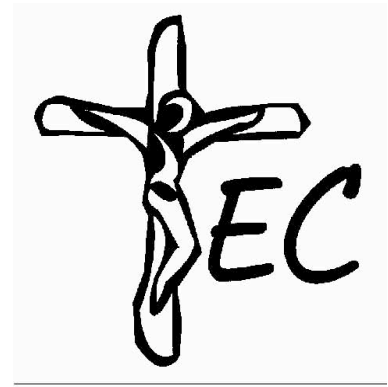


# New Life



*"New Life TEC" is endorsed by the Roman Catholic Diocese of Gaylord  
Retreat Period: March 12-14, 2010*

## Applicant

|  |  |   |      |
|--|--|---|------|
| Last Name  |  | First Name  |      |
| Address  |  |   | Apt# |
| City   |  | State   | Zip  |
| Email  |  | Phone   |      |
| Parish   |  | City  |      |
| School   |  | Current Grade   |      |
| Date of Birth  |  | Gender: <input type="checkbox"/> -Male <input type="checkbox"/> -Female |      |
| Do you have any special needs for the weekend? Health, Diet, Allergies, etc... |  | <input type="checkbox"/> -No <input type="checkbox"/> -Yes/Explain      |      |
| Please List any Medications you are taking:                                    |  |   |      |
| Church activities, hobbies, etc.   |  |   |      |
| Signature  |  |   | Date |

## Pastor

|   |  |        |     |
|---|--|--------|-----|
| Name  |  | Parish |     |
| Address   |  | Phone  |     |
| City  |  | State  | Zip |
| I both recommend the above named applicant, and know He/She to be an emotionally healthy person. He/She will contribute to, and benefit from, the TEC experience. Pastor Signature: Date: |  |        |     |
| Additional Comments:  |  |        |     |

Send Completed application Form along with a \$20.00 Deposit to:

New Life TEC c/o Val  
Porter 117 North "E"  
St. Cheboygan, MI  
49721

# CAMP DAGGETT RELEASE OF LIABILITY FORM

Participants Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Telephone: Home

\_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_ Please add me to the Camp

Daggett Mailing List Yes \_\_\_\_\_ No \_\_\_\_\_ Please list any health concerns or medications you are taking

that you feel Camp Daggett should be aware of:

## PARTICIPANT MEDICAL TREATMENT RELEASE

If medical treatment is warranted at the discretion of Camp Daggett staff, or if surgical care is recommended by a physician selected by the Camp Daggett staff, then I give permission to authorize treatment for the participant identified on this form. (All efforts to notify the parent, guardian or contact person will be made first)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Participant's signature (Parent or guardian if under 18 years of age)

In case of an emergency, please list a contact person and phone number

Name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate \_\_\_\_\_

## PARTICIPANT RELEASE AGREEMENT

While at Camp Daggett, participants could be involved in activities that require exposure to changing weather conditions and the use of a variety of equipment. All activities require complete attention and responsibility of the participant, either individually or as part of a group. Many of these activities include inherent risks. By signing below, you expressly understand and agree to assume all risks and to release Camp Daggett, its agents, employees, and Board of Trustee's from any and all liability arising from any losses of personal property or any bodily injuries incurred by the participant on the property of Camp Daggett, or in connection with any of its activities or programs unless such loss of injury results directly from the gross negligence or willful and wanton misconduct of any employee or the organization acting within the scope of his employment. A signature is required for admission and to participate at Camp Daggett.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Participant's signature (Parent or guardian if under 18 years of age)

## PHOTO/ MEDIA RELEASE

I grant permission to Camp Daggett and persons acting for or through them, the rights to use, reproduce, and/or distribute photographs, films, videotapes and sound recordings involving the participation of the individual identified on this form at Camp Daggett for use in promotional materials they may create.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Participant's signature (Parent or guardian if under 18 years of age)