

2018 REGISTRATION FORM

PLEASE COMPLETE BOTH SIDES OF THIS FORM
ONE FORM PER PERSON—PHOTOCOPY IF NECESSARY

CAMPER INFORMATION

**WE CANNOT GUARANTEE ADMISSION FOR
WALK-IN CAMPERS ONCE CAMP IS FULL.**

"3 for FREE Program" Friend (Camper Name Only)

Name _____ New Camper: YES NO

Birth Date ____ / ____ / ____ Male Female Grade Entering in the Fall _____

Mailing Address _____

City _____ State ____ Zip _____ E-mail _____

Parent/Guardian Name(s) _____ Relationship _____

Home (____) _____ Cell (____) _____ Work (____) _____

Emergency Contact Name _____ Phone (____) _____

Church & Church's City _____

CHECK WEEK(S) ATTENDING: **JUNIOR 1 (6/25-6/30)** **PRIMARY (7/5-7/7)** **JR HIGH 1 (7/9-7/14)**
 JUNIOR 2 (7/16-7/21) **SR HIGH (7/23-7/28)** **JR HIGH 2 (7/30-8/4)**

Cabin Mate (You may request one) _____

Family Doctor _____ Phone (____) _____

Insurance Company _____ Policy # _____

Medications Taken Regularly (*All medication must be kept in its original labeled container, with the Health Officer.*)

Medical Name: _____ Hours Given _____ Dosage _____

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Medical Name: _____ Hours Given _____ Dosage _____

Drug Allergies or Other Allergic Reactions: _____

Other Medical Concerns: _____

I authorize my child to be picked up by the following individual(s) (*Specific names required-including parents.*)

I give permission for my child to attend Camp Michael. I give permission to Camp Michael to perform the routine daily medical care of my child, administering over the counter medication as needed, as well as prescriptions brought in their original containers. In the event of an emergency I hereby give permission to the physician selected by Camp Michael to secure proper treatment, including hospitalization if deemed necessary, order injection, anesthesia, x-ray, or surgery for my child. In case of accidental injury camper's health insurance will be primary carrier and Camp Michael will be supplemental. I understand that Camp Michael will only release my camper to the persons mentioned above unless otherwise informed by parent or guardian. I also realize that my camper's picture or testimony may be used in the promotion of the camp.

Parent/Guardian Signature _____ **Date** _____

You may pre-purchase a CM PHOTO of your child's week \$5 ____, a 2018 CM T-Shirt \$12 ____, CM Sunglasses (\$7).

Circle Shirt Size - Child: S M L Adult: S M L XL XXL (**FREE T-Shirt if registration form and fee is received by May 1st**)

Please mail your \$25 non-refundable registration fee with your registration form and any additional cost for pre-purchased items: CAMP MICHAEL | 6103 EWALT ROAD | IMLAY CITY, MI 48444 | CAMP OFFICE 810-724-6966

OFFICE USE ONLY

Camp Fee \$ _____
Reg. Fee Rec'd \$ _____
Free T-Shirt YES NO
T-Shirt \$ _____
Photo \$ _____
Sunglasses \$ _____

REGISTRATION

Snack Shack \$ _____
T-Shirt \$ _____
Photo \$ _____
Sunglasses \$ _____
3 for FREE Refund YES

Balance Due \$ _____
Balance Paid \$ _____ Check _____ Cabin: Y R B O
\$ _____ Cash _____
Signed In: _____
Signed Out: _____

PARTICIPATION, RELEASE, WAIVER INDEMNITY AGREEMENT

*(Waiver must be read, signed and dated for all attending. If you are 18 or older you must sign your own.)
Senior High campers must have both signatures below.*

While we make every effort to provide a safe and pleasant environment for every camper who attends Camp Michael, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18).

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself, or my child while participating in Camp Michael activities on grounds or scheduled events off grounds. I give permission for my child to participate in activities. These activities may include, but are not limited to, swimming, boating, fishing, archery, riflery, scheduled off grounds activity (Senior High Only), and strenuous competition games.

Although Camp Michael has taken reasonable steps to provide equipment and skilled employees so yourself, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Camp Michael, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Camp Michael or during any scheduled event. This release does not apply to intentional and/or willful acts of misconduct by Camp Michael or any of its officers, board, agents or employees.

Should Camp Michael, or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold Camp Michael harmless for all such fees and cost.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Camp Michael on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.

Parent/Guardian _____ **Date** _____

(You must sign your own waiver if you are 18 or older.)