

# 2020 REGISTRATION 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 \_\_\_\_\_

Cabin Mate (You may request one) \_\_\_\_\_

*Bunk assignments will be assigned in order registrations are received. Your registration fee and form does not hold a bunk for a cabin mate.*

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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Specific Allergies To: Medication \_\_\_\_\_ Insects \_\_\_\_\_

Food \_\_\_\_\_

Type of Allergic Reaction \_\_\_\_\_ Treatment Given \_\_\_\_\_

Preexisting Medical Concerns: \_\_\_\_\_

***Camp Michael strives to give the best value, at a very economical price. Below are two options for camp registration fees. Please prayerfully consider which Tier is best suited for your family. CHECK TO THE RIGHT OF THE TIER OF THE WEEK CAMPER WILL BE ATTENDING.***

CAMP DATES	CAMP WEEK	AGE OR GRADE	TIER 1 = <b>X</b>	TIER 2 = <b>X</b>
JUNE 22 - 27	JUNIOR 1	AGES 8 - 11	\$180 =	\$215 =
JUNE 29 - JULY 1	PRIMARY	AGES 6 - 8	\$ 95 =	\$130 =
JULY 6 - 11	JUNIOR HIGH 1	6 - 8 GRADE	\$180 =	\$215 =
JULY 13 - 18	JUNIOR 2	AGES 8 - 11	\$180 =	\$215 =
JULY 20 - 25	SENIOR HIGH	9 - 12 GRADE	\$205 =	\$240 =
JULY 27 - AUG 1	JUNIOR HIGH 2	6 - 8 GRADE	\$180 =	\$215 =

**TIER 1** - Camp Michael firmly believes that every child should experience the powerful impact that summer camp provides, regardless of income. This tier offers families, no matter their financial means, that experience for their child.

**TIER 2** - This tier most closely reflects what it costs to provide a camp experience for one camper. This tier gives you the opportunity to help Camp Michael do more, make needed upgrades and continue to grow in the future.

**NOTE: \$25 Non-refundable registration fee is part of the total camp fee.**

**BOTH SIDES OF THE FORM MUST BE FILLED OUT PLEASE.**

**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 have read the Camper Regulations on the insert in the camp brochure, and I agree to support Camp Michael in their dress and conduct regulations for my child while at camp. 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** \_\_\_\_\_

**FREE T-Shirt if registration form and \$25 non-refundable registration fee is received by May 1st.**

**Registration fee is part of the total camp fee for the week. (Example: Camp Fee \$180 - \$25 Registration Fee = \$155 Balance Due.)**

You may pre-order/purchase a CM PHOTO of your child's week \$5 \_\_\_\_, a 2020 CM T-Shirt \$12 \_\_\_\_, Hat \$15 \_\_\_\_, Mug \$15 \_\_\_\_.

**Circle Shirt Size - Youth: S M L Adult: S M L XL XXL**

**Please mail your registration fee with your registration form and additional money for pre-purchased items to:**

**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 \$ \_\_\_\_\_  
 Hat \$ \_\_\_\_\_  
 Mug \$ \_\_\_\_\_

Snack Shack \$ \_\_\_\_\_  
 T-Shirt \$ \_\_\_\_\_  
 Photo \$ \_\_\_\_\_  
 Hat \$ \_\_\_\_\_  
 Mug \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_ 3 for FREE Refund  
 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.)*

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.)*