

Camper Name \_\_\_\_\_ Email \_\_\_\_\_

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

School District \_\_\_\_\_ Grade Fall 2013 \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**FAV FOUR DISCOUNT**

I have recruited first time campers #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_  
and qualify for a Fav Four \$25 Discount for each (up to \$100) and free T-Shirt. My free T-Shirt size: YL S M L XL

I am a first time camper and I was recruited by \_\_\_\_\_ My free T-Shirt size: YL S M L XL

**GIRLS RESIDENT CAMP**

	<b>FEE</b>
<input type="checkbox"/> <b>Session 1</b> (June 26-29)	\$298
<input type="checkbox"/> <b>Session 2</b> (June 30-July 6)	\$490
<input type="checkbox"/> <b>Session 3</b> (July 7-20)	\$895
<input type="checkbox"/> <b>Session 3a</b> (July 7-13)	\$490
<input type="checkbox"/> <b>Session 3b</b> (July 14-20)	\$490
<input type="checkbox"/> <b>Holdover</b> (July 20)	\$85
<input type="checkbox"/> <b>Session 4</b> (July 21-Aug 3)	\$895
<input type="checkbox"/> <b>Session 4a</b> (7yrs-7th Grade, Cabins Only) (July 21-27)	\$490
<input type="checkbox"/> <b>Session 4b</b> (7yrs-7th Grade, Cabins Only) (July 28-31)	\$298
<input type="checkbox"/> <b>LIT</b> (Application required)	Varies

**SPECIALTY PROGRAMS**

	<b>SESSION(S) AVAILABLE</b>	<b>FEE</b>
<input type="checkbox"/> <b>Creativity Plus</b>	2 3a 4a	\$40
<input type="checkbox"/> <b>Science For Girls</b>	2 (Entering 5th Grade Only)	\$40

**PAYMENT WORKSHEET**

Girls Resident Camp Session Fee(s)	\$ _____
Camp Newaygo song book mailed to me for \$12	\$ _____
Fav Four Discount	\$ -
<b>Girls Resident Camp Total Due</b>	<b>\$ _____</b>
<i>Deposit: \$50 non-refundable x number of sessions. Applied toward total camp fee.</i>	
Donation to the "Send a Kid to Camp" Scholarship Fund	\$ _____
<b>Total Due</b>	<b>\$ _____</b>

**I'm applying for a scholarship** (See attached form)

**METHOD OF PAYMENT**

**I am paying:**  Full Amount  Deposit(s)

**Amount of Payment \$** \_\_\_\_\_

**Check#** \_\_\_\_\_ (Payable to Camp Newaygo with camp type in memo line)

**Credit Card:**  MasterCard  Visa  PayPal (with online registration)

**Card #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Signature** \_\_\_\_\_

*All camp fees are due 4 weeks prior to the session you plan to attend. Refund and roommate policy online. Registration is open to all regardless of race, creed, color or national origin.*

**FRIEND REQUEST**

Friend's Name \_\_\_\_\_ Session \_\_\_\_\_

Friend's Name \_\_\_\_\_ Session \_\_\_\_\_

**Parent & Camper Waiver, Release, and Indemnification Agreement:** I understand all deposits are nonrefundable. All fees are due four weeks prior to camp. I give my permission for my child to participate in all activities as they pertain to his/her camp program (including overnight, out of camp trips, and high and low ropes courses). I understand and assume full responsibility for all risks associated with program activities which include risk or injury and/or death due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent in outdoor settings. I release Camp Newaygo and all of their employees, volunteers, or agents from any and all liability for use of any image generated which includes myself or any of my family members for public relations purposes including, but not limited to: articles, brochures, memory books, videos, television, internet, newspaper, and magazine advertisements, Internet images, and all other Internet web site usage. I accept full responsibility for all incurred camp fees and expenses. I agree to assume all financial responsibility for any medical attention needed by my child and otherwise not covered by my insurance. I agree to hold harmless and free from liability Camp Newaygo and covenant not to sue, including its staff, volunteers or other representatives. I give full permission to Camp Newaygo to seek and obtain any medical treatment deemed to be necessary by Camp Newaygo staff and/or volunteers. To comply with State of Michigan law, Camp Newaygo MUST have the names of those adults to whom release of the camper has been authorized by the parent or legal guardian.

I would like my child's name, address, phone number and email address added to the Resident Camp Memory Book given to campers at the end of each session.

**I give my permission for the registered child to be released to parent/guardian(s) listed or:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEND REGISTRATION:** By mail to Camp Newaygo, PO Box 149, Fremont, MI 49412 or fax to (231) 924-5594. Questions? Call (231) 652-1184 or email campbiz@campnewaygo.org

# CAMP NEWAYGO 2013 HEALTH FORM

Camper Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex:  M  F

Camps and Sessions Enrolled \_\_\_\_\_ Primary Phone \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_

Are child's parents living together? \_\_\_\_\_ If no, who is custodial parent? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Subscriber \_\_\_\_\_

(Please attach a copy of your health insurance card)

## MEDICAL INFORMATION

List of current medications camper is taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT:** Medications must be sent with instructions. Ask your pharmacist for an extra labeled container with the full week dosage to be given while at camp. Medication must be given to camp staff on Sunday for Resident Camp and Monday for Day Camp. Any unused medications will not be returned and will be properly disposed.

**May over the counter medication be given to camper for aches and pains?**  Yes  No

## HEALTH HISTORY

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ADHD/ADD                 | <input type="checkbox"/> Cerebral Palsy         | <input type="checkbox"/> Current Infectious Diseases (specify) _____ |
| <input type="checkbox"/> Frequent Ear Infections  | <input type="checkbox"/> PMS/Menstrual Problems | _____  |
| <input type="checkbox"/> Heart Defect/Disease     | <input type="checkbox"/> Active Bedwetting      |  |
| <input type="checkbox"/> Convulsion/Seizures      | <input type="checkbox"/> Lactose Intolerant     |  |
| <input type="checkbox"/> Headaches                | <input type="checkbox"/> Fainting/Dizziness     |  |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Intestinal Problems    |  |
| <input type="checkbox"/> Bleeding/Clotting        | <input type="checkbox"/> Sleepwalking           |  |
| <input type="checkbox"/> Autism                   | <input type="checkbox"/> Surgery: _____         |  |
| <input type="checkbox"/> Heart Murmur             | <input type="checkbox"/> Chronic Illness: _____ |  |
| <input type="checkbox"/> Diarrhea/Constipation    | <input type="checkbox"/> Recent Injury: _____   |  |
| <input type="checkbox"/> Mononucleosis            | <input type="checkbox"/> Hospitalized: _____    |  |
| <input type="checkbox"/> Skin Problems            |   |  |
| <input type="checkbox"/> Back/Joint Pain          |   |  |
| <input type="checkbox"/> Hearing Impairment       |   |  |
| <input type="checkbox"/> Heat Sensitivity         |   |  |
| <input type="checkbox"/> Anorexia Nervosa/Bulimia |   |  |

If you checked any of the above, please explain below. Describe the reaction and the management of reaction. If needed, attach a separate sheet to explain.

\_\_\_\_\_

\_\_\_\_\_

Does the camper wear glasses, contacts, or other eyewear?  Yes  No

Does your child have any activity restrictions? Please explain.

\_\_\_\_\_

Dietary Concerns:  Diabetic  Lactose Intolerant  Vegetarian  Picky  Other (specify) \_\_\_\_\_

Has the camper seen a professional to address mental/emotional health concerns?  Yes  No \_\_\_\_\_

Significant life events that affect your camper's life? (divorce, abuse, adoption, death of a loved one) \_\_\_\_\_

\_\_\_\_\_

**All immunizations up to date?**  Yes  No

**Out of Michigan campers, please provide immunization history upon arrival.**

**Demographics:** Because we receive grant funding, we're requested to track the following demographics. Information is for grant reporting purposes only.

## Ethnicity

- African American  Asian American  Caucasian  Hispanic  Multi-Racial  Native American  Other

**Number of children in household?** \_\_\_\_\_

## Household Income

- Below \$25,000  \$25,000-30,000  \$30,000-35,000  \$35,000-40,000  \$40,000-50,000  Above \$50,000

## CAMPER INFORMATION

The following questions are designed to help your child's counselor prepare a great camp experience for him/her.

Is this your child's first experience away from home?  Yes  No

Have you attended Camp Newaygo before?  Yes  No # of Years \_\_\_\_\_

How did you hear about Camp Newaygo? \_\_\_\_\_

What is your camper most looking forward to doing at camp? \_\_\_\_\_

\_\_\_\_\_

What do you hope your child will gain from their experience at camp? \_\_\_\_\_

\_\_\_\_\_

Does your child make friends easily?  Yes  No

Does your child adapt well to new situations?  Yes  No

Attitude towards adults:  friendly  resentful  indifferent  helpful

seeks attention  Other (specify) \_\_\_\_\_

What would you like your counselor to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share tips for a successful camp experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN

The health history described above is correct and the camper described has permission to engage in all camp activities except as noted.

I hereby give permission to the medical personnel selected by Camp Newaygo administration to order x-rays, routine test, and treatment for the listed participant. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Camp Newaygo administration to secure and administer treatment, including hospitalization for the camper named above. This completed form may be photo copied for out of camp trips.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_