

Friendship Camper Request Form

Date _____

Church Name _____

Contact Person _____

Email _____ Phone # _____

FRIENDSHIP CAMPERS:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Total Number of Friendship Campers: _____

of campers _____ x \$130 = TOTAL ENCLOSED \$ _____

PAYMENT METHOD:

1. Check written out to "Michigan Conference of SDA"

OR

2. Credit Card - Circle One: VISA Master Card Discover AMEX

Credit Card Number

Exp. Date

CVV

\$

Full Name on Card

Total Amount

Signature

To complete this Friendship Camper request, these completed documents MUST BE MAILED TOGETHER:

All forms mailed after this date will not be received or processed as we will be transitioning up to camp soon after!!

1. Friendship Camper Request Form (THIS SHEET)
2. 2018 Friendship Camper Registration form FOR EACH CAMPER
3. Signed Waiver/Consent forms FOR EACH CAMPER
4. FULL PAYMENT for ALL Friendship Campers

Mail Completed Packet Before May 14th, 2018 to:

Michigan Conference of SDA, c/o Camp Au Sable, 5801 W Michigan Ave, Lansing, MI 48917

2018 Friendship Camper Registration

Camper Name _____ Birthdate ____/____/____

Address _____ Circle: M or F

City _____ State _____ Zip Code _____

Primary Phone _____ Email _____

Parent/Guardian Name(s) _____

Alternate Pick up _____ Phone # _____

Choose Your Counselor (optional) _____

Room Request with a Friend (optional) _____

CHOOSE A CAMP:

- | | |
|---|----------------|
| _____ Adventure/Junior Camp (ages 7-10) | June 10-17 |
| _____ Junior Camp (ages 10-12) | June 17-24 |
| _____ Tween Camp (ages 12-14) | June 24-July 1 |
| _____ Teen Camp (ages 14-17) | July 1-8 |

CLASSES: Choose* one class for each category from your camp's Class List.

*Please NOTE: All classes are filled on a first-come, first-served basis. If a selected class is already full at the time we receive this registration form, your camper will be placed in a similar class that is open.

JUNIOR CAMP

Recreation Class _____

Nature Class _____

Craft Class _____

TWEEN

Recreation Class _____

Nature Class _____

Craft Class _____

TEEN CAMP

Recreation Class _____

Nature Class _____

Craft Class _____

2018 Camp Au Sable Class List

JUNIOR CAMP

Recreation Classes

Challenge Course
Disc Golf
Fishing
Horses
Rock Climbing
Swimming Lessons
Water Ski/Wakeboarding
Waterfront Adventures

Craft Classes

Candles
Ceramics
Indian Lore
Kitchen Creations
Kite-Making
Leather Craft
Model Rockets

Nature Classes

Animal Tracking
Bible Discovery in Nature
Canoeing & Lake Ecology
Microscopic Life
Petoskey Stones
Reptiles
Rocks & Minerals
Trees & Forestry

TWEEN CAMP

Recreation Classes

Challenge Course
Disc Golf
Fishing
Horses
Rock Climbing
Swimming Lessons
Water Ski/Wakeboarding
Waterfront Adventures

Craft Classes

Archery
Candles
Ceramics
Kite-Making
Model Rockets
Leather Craft
Woodworking

Nature Classes

Animal Tracking
Bible Discovery in Nature
Canoeing & Lake Ecology
Microscopic Life
Petoskey Stones
Reptiles
Rocks & Minerals
Trees & Forestry

TEEN CAMP

Recreation Classes

Basketball Camp
H2O Challenge
High Adventure Extreme
MaxFit
Soccer Camp
Water Ski/Wakeboarding

Craft Classes

Archery
Art Class
Ceramics
Leather Craft
Woodworking
Welding

Nature Classes

Bible Discovery
Canoeing & Lake Ecology
Disc Golf
Fishing
Horse Camp
Petoskey Stones
Reptiles

CAMPERS!!

Fill out these forms out as soon as possible and RETURN to the person who gave it to you! This will give you the best chances at getting the classes that you want. If any of the classes you signed up for are already filled, we will be putting you in a different class.

*****Deadline for Friendship Camper Registration is May 14, 2018*****

We look forward to seeing you this summer at Camp Au Sable! God bless you!
If you have any questions, feel free to email jramos@misda.org or call us at 517-316-1570!

Visit us at: www.campausable.org

Camp Waviers & Consent Forms

(Signatures Required)

Consent & Assumption of Risk

I am applying for my camp attendee to engage in camp activities such as rock climbing, horseback riding, rope courses, water skiing, canoeing, gymnastics, go carts (hereafter collectively referred to as "activities"). I understand that such activities have inherent risks that include, but are not limited to, loss of control, collisions, obstacles and other potential dangers that could result in personal injury.

I represent that my attendee has no health or physical problems that will interfere with camp activities. In consideration of being given the opportunity to participate, my attendee and I assume and accept all risks of injury and danger involved in horseback riding and other activities. I agree that my camp attendee is responsible for his/her own abilities.

I do support, and applicant agrees to abide by all camp regulations and policies. As a parent or legal guardian of the camp attendee, or for myself if I am over 18 years of age, I release the Michigan Conference, the Camp Management, its employees and agents, from any and all liability for damages that might result from the camp attendee's participation in these activities.

Camp Photo Release

I acknowledge that while my child (children), who I indicated above, are at Camp Au Sable, Grayling, MI, he/she may be photographed by a still or video camera. I authorize Camp Au Sable to utilize my child's photographic image without identification in its brochures and advertisements in any media, including Camp Au Sable's website. In giving my consent, I hereby release and hold harmless Camp Au Sable and its agents from any and all responsibility of liability relating to the use of the photographs. I understand that neither my child nor I will receive compensation should any photograph authorized hereunder be used.

Print Camper Name

Camper Signature

Parent/Legal Guardian Signature

Date _____

Date _____

Camp(s) Attending: _____

Camper Medical Information

PLEASE DO NOT MAIL OR FAX BACK:

To ensure confidentiality and up-to-date information, please fill out just prior to start of camp and give to camp nurse at registration.

Camper's Full Name: _____ Cabin/Counselor: _____ / _____ M or F

Please check week(s) attending: Adventure/Junior _____ Junior _____ Tween _____ Teen Canoe/Backpack _____ Teen _____ Specialty _____
Father/Son Canoe/Backpack _____ Family I _____ Family II _____ Family III _____

Parent/Legal Guardian: _____ Emergency Contact Number: _____

Address, City, State & Zip: _____

Emergency Phone Numbers: Day: _____ Evening: _____ Cell: _____

Insurance Information Attached: Yes _____ No _____ If no, please explain: _____

Important Note: Must have a photocopy of health insurance card (front and back) in order to treat camper in an emergency!

Physician/Health Care Facility: _____ Phone Number: _____

Date of last physical exam: _____ Are all school physicals/immunizations up to date: Yes _____ No _____
If not, please explain: _____

Date of last tetanus (DPT/TD) _____ If needed, may tetanus booster be given? Yes _____ No _____

Date of Birth: _____ Medication Allergies _____ Food Allergies _____ Other _____

Routine Medication: _____

Camper's Health History – Please Circle

- | | | | |
|-----------------------------|--------|--|--------|
| 1. Upset stomach? | Y or N | 7. Recent injury, infection, infectious disease? | Y or N |
| 2. Frequent ear infections? | Y or N | 8. Chronic or recurring illness/conditions? | Y or N |
| 3. Frequent headaches? | Y or N | 9. Any physical restrictions? | Y or N |
| 4. Ever had seizures? | Y or N | 10. If female, menstrual difficulties? | Y or N |
| 5. Diabetes? | Y or N | 11. Any other health conditions requiring treatment? | Y or N |
| 6. Asthma? | Y or N | 12. Any past medical treatment/operations? | Y or N |

Prefer private medication administration: Y or N

If "yes" please explain:

There will be a head lice check at registration. Each camper must be lice-free before they can be checked into a cabin.

{To be initialed by medical staff at registration: no lice _____ recheck _____ yes _____ }

I hereby give Camp Au Sable permission to provide routine health care (which includes over-the-counter drugs, first-aid for cuts, sprains, bruises, etc.), administer prescription medications, and seek emergency treatment as needed. In case of emergency, I hereby give permission to the camp physicians selected by the camp directors to secure proper treatment including: routine tests, x-rays, treatment, hospitalization, anesthesia, surgery, and to release any records necessary, as well as to provide or arrange necessary related transportation. I certify that the above information is correct and current to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

