



Youth Camp Registration and Release Form

Signatures/Initials are required wherever an "X" appears

General Information

Campers Name _____ Male or Female _____ Birth Date ___/___/___

Age at Camp _____ Parent/Guardian Name _____

Cell Phone _____ Work Phone _____

Full Address _____

(House #) (Street) (City) (State) (Zip Code)

Parent Email _____

Cabin Partner Request _____

Sponsoring Club (If Applicable) _____

Release of Campers

I, the undersigned, authorize the following person or people to pick up the above named child at the Michigan Out-of-Doors Youth Camp:

1. _____
2. _____
3. _____
4. _____

The following **ARE NOT ALLOWED TO REMOVE MY CHILD FROM CAMP** under any circumstances:

1. _____
2. _____

X _____ Parent/Guardian Initials

Release, Indemnification and Hold Harmless Agreement:

In consideration of participating in camp activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Michigan United Conservation Clubs and its owners, directors, officers, employees, agents,

volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees") on behalf of myself and my children, parents heirs assigns, personal representative and estate and also agree as follows:

I acknowledge that participating in camp activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage to myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity or else I am willing to assume – and bear the costs – of all risks that may be created, directly or indirectly, by any such condition. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of the state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I have had sufficient time to read this entire document and, should I choose to do so, consult legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Signature and Printed Name

X _____

_____ Date _____

Parent/Guardian Additional Agreement:

(Must be completed for participants under the age of 18)

In consideration of _____ (Camper) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature and Printed Name

X _____
Date _____

Parent/Guardian Authorization:

Photo and Video

I, the undersigned, grant permission to the Michigan United Conservation Clubs and the Michigan OUTof-DOORS Youth camp the right and permission to use pictures of _____ (Camper) in which the minor may be included in conjunction with camp activities in photographs, videos and printed materials.

Parent/Guardian Signature X _____
Date _____

Transportation

I, the undersigned, give permission for _____ (Camper) to ride in a vehicle provided by Michigan United Conservation Clubs.

Parent/Guardian Signature X _____
Date _____

Hunter Education

Does your child currently hold a Michigan Hunter Education certificate?

___ Yes ___ No

I, the undersigned Parent/ Legal Guardian hereby give _____ (Camper) to participate in a free Hunter Education course at the Michigan Out-of-Doors Youth Camp.

Parent/Guardian Signature X _____
Date _____



Michigan OUT-of-DOORS YOUTH CAMP



Payment Information and Standard Agreement Form

Payment Information

Campers Name _____ Male or Female _____ Birth Date __/__/__
 Age at Camp _____ Parent/Guardian Name _____ Cell _____
 Phone _____ Work Phone _____

Full Address _____

(House #) (Street) (City) (State) (Zip Code)

Parent Email _____

How I heard about Camp _____

Sponsoring Club (If Applicable) _____

SELECT CAMP

Please select your top three choices for camps by numbering them **1, 2, 3** (1 being your first choice). Please understand that many times our camps fill to capacity quickly. If the camp your first choice is full, we will register you for your second choice. If all three of your choices are full, someone from MUCC will contact you with other options if there are any. IF YOU ARE A CLUB SPONSOR PLEASE CONTACT Shannon Stover AT [sstover@mucc.org](mailto:ssstover@mucc.org) TO DISCUSS THE \$50 CLUB DISCOUNT.

	SELECT	DATES	AGES	PRICING	
WEEK 1		6/19 – 6/23	5 to 12	\$325	DAY camp
WEEK 2		6/25 – 6/30	9 to 11	\$750	RESIDENTIAL
WEEK 3		7/3 – 7/7	5 to 12	\$260	DAY camp
WEEK 4		7/10 – 7/14	5 to 12	\$325	DAY camp
WEEK 5		7/17 – 7/21	5 to 12	\$325	DAY camp
WEEK 6		7/23 – 7/28	12 to 14	\$750	RESIDENTIAL
WEEK 7		7/31 – 8/4	5 to 12	\$325	DAY camp
WEEK 8		8/7 – 8/11	5 to 12	\$325	DAY camp

PAYMENT:

***I would like to add \$10 to my registration cost to support the Michigan Out-of-Doors**

Youth Camp Scholarship Fund ___Yes ___No

Total Weeks Selected _____

Total Cost of Camps Selected and Donations \$_____

Payment Method:

___ Visa ___ MasterCard ___ Discover

___ Check (Checks Payable to MUCC)

Name on Card: _____

Card Number: _____

Expiration Date: __/__/__ CVV#: _____

Signature X _____

Camp must be paid for in full to reserve your campers spot.

If you have questions about payment,
please contact Shannon Stover at (517) 346 – 6462.

Standards and Agreement:

PARENTS/GUARDIANS: Please review the following standards agreement with your camper. By signing your child up for camp you and your child agree to the rules listed below. MUCC and the Michigan OUTofDOORS Youth Camp staff take pride in providing a safe and fun place to learn and explore while at camp.

1. Do not ask your camper to call home during his/her stay at camp. Most often, camper's "homesickness" intensifies after calling home and can usually be resolved on site. If the issue cannot be resolved in a reasonable amount of time the Director will call your home
2. Do not allow your camper to bring candy, chips, cookies, ect. This is for the benefit of all campers. Any of these items found in bunks will be confiscated.
3. Electronic devices such as Ipods, handheld game systems, and CELL PHONES are NOT allowed at camp. YOUR CHILD IS NOT ALLOWED TO KEEP THEIR CELL PHONES FOR ANY REASON. THESE ITEMS WILL BE CONFISCATED AND RETURNED AT THE END OF THE CAMP WEEK.

In addition, here are several behaviors that WILL NOT BE TOLERATED at camp for the safety of all.

1. Consumption or possession of alcohol, drugs or tobacco.
2. Foul, offensive or abusive language to another camper or staff member.
3. Discrimination, harassment, or cruelty to another camper or staff member.
4. Theft or damage to property belonging to another camper, staff member or facility.
5. Physical relationships between any camper/camper or camper/staff.
6. Bodily harm or violence or any kind to another camper or staff member.
7. Consistent disregard for safety rules or disruption of camp activities.
8. Possession of any weapon, including pocket knives.

IF A CAMPER IS FOUND TO HAVE VIOLATED ANY OF THE ABOVE RULES, THE CAMPER WILL BE REQUIRED TO LEAVE CAMP. THE PARENT OR GAURDIAN WILL BE CALLED AND WILL BE RESPON-SIBLE FOR REMOVING THE CAMPER IMMEDIATELY. THERE WILL BE NO REFUND OF ANY CAMP FEES.

Parent/Guardian Signature **X** _____

Campers Signature **X** _____

***Please send completed packets (Health Form, Registration and Release Form, Payment Information and Standard Agreement Form, and Payment) to:**

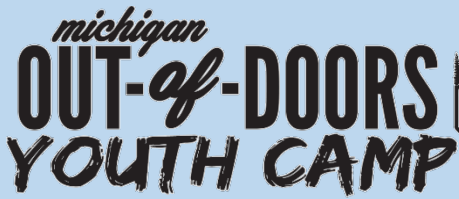
MUCC

Michigan Out-of-Doors Youth Camp

P.O. Box 30235

Lansing, MI 48909





Youth Camp Health Form

Signatures/Initials are required wherever an "X" appears

General Information:

Campers Name _____ Male or Female (Circle One)

Birth Date __/__/__ Parent/Guardian Contact _____

Relationship _____ Phone # _____

Non-Parental Emergency Contact _____ Relationship _____

Phone # _____

Physician _____ Phone # _____

Last Physical Exam __/__/__

*Must have been in last 24 months Dentist _____ Phone # _____

Health Insurance Provider _____ Policy/Group# _____

Phone# _____

Medications/Conditions:

Previous or Current Medical Conditions: Yes ___ No ___

Identify the following so that we may accommodate to your camper accordingly:

-Recent Injury/Illness/Infectious Disease Yes ___ No ___ If Yes, Please Explain _____

-Chronic/Recurring Condition Yes ___ No ___ If Yes, Please Explain _____

-Frequent Headaches Yes ___ No ___ If Yes, Please Explain _____

-Knocked Unconscious/Head Injury Yes ___ No ___ If Yes, Please Explain _____

-Frequent Ear infections Yes ___ No ___ If Yes, Please
Explain _____

-Heart Murmur Yes ___ No ___ If Yes, Please
Explain _____

-Skin Condition(s) Yes ___ No ___ If Yes, Please
Explain _____

-Back Problems Yes ___ No ___ If Yes, Please
Explain _____

-History of Bed Wetting Yes ___ No ___ If Yes, Please
Explain _____

-Diabetes Yes ___ No ___ If Yes, Please
Explain _____

-Seizures Yes ___ No ___ If Yes, Please
Explain _____

-Asthma/Respiratory Issues Yes ___ No ___ If Yes, Please
Explain _____

-Any Surgeries and Hospitalizations Yes ___ No ___

(Date/Procedure/Reasoning)

Has your child ever had... ___ Measles, ___ Chicken Pox, ___ German measles, ___ Hepatitis A, B,
or C?

Are your child's vaccinations up to date?

___ Yes ___ No

Please Initial: **X** _____

Date _____

List all allergies and their reactions

List any and all dietary restrictions

Please list all medications (including over the counter or nonprescription) taken routinely. You must provide enough medication to last the entire time spent at camp and it must be kept in its original packaging/bottle that identifies the prescribing physician, name of medication as well as frequency of administration and dosage.

Medication(s) Purpose Dosage Time(s) Given

I hereby give my permission to administer the over the counter medications indicated with an “X” if the camp Health Director deems it necessary. Dosage will be administered according to the directions on the bottle unless a physician directs otherwise. (These medications are provided by the camp, you do not need to send them with your camper.)

Tylenol Cough Drops Tablet Antacid Caladryl Lotion Motrin

Saline Eye Drops Aloe Gel Hydrocortisone cream

Parent/Guardian Signature **X** _____ Date _____

Parent/Guardian Authorization:

Parent/Guardian Authorization: I give permission for my child to attend the MUCC Michigan Out-of-Doors Youth Camp at the Cedar Lake Outdoor Center in Chelsea, MI. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for the camp First Aid personnel to provide routine health care, administer prescribed medications and administer first aid treatment on site. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child if I cannot be reached in the event of an emergency. I give permission to the physician or the aforementioned camp First Aid personnel to hospitalize, secure proper and / or routine treatment and to order injection, anesthesia, x-rays or surgery in the event I cannot be reached in an emergency. This completed form may be photocopied for trips out of camp.

Parent/Guardian Signature **X** _____ Date _____

Please indicate any considerations we should be aware of that will help us prepare for your campers stay and assure they are as comfortable as possible:

*All campers will be subjected to a head lice check before they can be released to their cabins. If head lice are present the child will not be permitted to stay at camp.

Please use this space to provide any other information that will help your camper enjoy their week or to elaborate on points where enough space was not provided:

Contact Camp Director at (517) 346 - 6462 or camp@mucc.org for any further assistance or questions.