

Episcopal Diocese of Western Michigan Youth Camp Registration

EpiscopalYouthCamp.org



CAMPER INFORMATION

Name of Camper:

Address:

City:

State:

Zip Code:

Camper Phone Number:

Email Address:
(for Camp List)

T-Shirt Size

Small Youth

Small Adult

XL Adult

Medium Youth

Medium Adult

XXL Adult

Large Youth

Large Adult

XXXL Adult

All grades will be at camp during the same week and run as separate camp programs.

- Please use one form per camper.
- Camp registration must be paid in full on or before the beginning of camp.
- If camp must be canceled due to the COVID-19 restrictions, you will receive a full refund (credit card registrations will receive full refund minus a \$15 transaction fee).

Senior Camp
9th-12th grades
August 2-8, 2020

\$425 Registration
Early Bird Rate \$425-Registration **Due Friday, July 10, 2020**
After July 10 the registration fee is \$475

Middle Camp
5th-8th grades
August 2-8, 2020

\$475 Registration
Early Bird Rate \$425-Registration **Due Friday, July 10, 2020**
After July 10 the registration fee is \$475

Junior Camp
3rd-4th grades
August 2-8, 2020

\$475 Registration
Early Bird Rate \$425-Registration **Due Friday, July 10, 2020**
After July 10 the registration fee is \$475

PARENT/GUARDIAN INFORMATION

Name:

Relationship to Camper:

Address:

City:

State:

Zip Code:

Work Phone Number:

Home Phone:

Mobile Phone:

Email Address:

Preferred Phone: Work Home Mobile

EMERGENCY CONTACT

Person or persons to contact if the parent/legal guardian cannot be reached. This person must have a different phone number than the parent/legal guardian.

Emergency Contact 1

Name:

Relationship:

Work/Home Phone Number:

Mobile Number:

Email Address:

Emergency Contact 2

Name:

Relationship:

Work/Home Phone Number:

Mobile Number:

Email Address:

PHOTO AND EMAIL AUTHORIZATION

Photographs and video footage of my child may be used by the Diocese of Western Michigan for promotional purposes (children will not be identified individually).

YES NO

At the end of each camp session, we give out a list of all campers and staff present. We generally include the name and an email address for contacting friends.

YES NO

CAMP DROP OFF AND PICK UP

Camper registration begins at 4 pm on Sunday. Camp pick up is 11 am on Saturday.

ALL CAMPERS MUST BE SIGNED OUT TO LEAVE CAMP.

If you will not be picking up your camper, please list the name and contact information of the person you authorize to pick up your child. CAMPERS WILL NOT BE RELEASED TO ANYONE WHO IS NOT AUTHORIZED BY THE PARENT/LEGAL GUARDIAN. If this changes, please email the Camp Director at eycwesternmichigan@gmail.com.

Authorized Pick Up Person's Name (ID will be checked at pick up)

Authorized Pick Up Person's Phone Number:

Authorized Pick Up Person's Email:

AUTHORIZATION

As a parent/guardian, I hereby give permission for the designated camper to attend the Episcopal Youth Camp in the Diocese of Western Michigan and to participate in all the activities.

Agree, I have read and understand this authorization.

I give permission for my child to be transported as part of the program or in cases of emergency.

Agree, I have read and understand this authorization.

I understand that my child could be dismissed from camp for violating camp rules. If my child is dismissed, I agree to transfer them home or pay for their transportation and understand that no registration fees will be reimbursed.

Agree, I have read and understand this authorization.

HEALTH INFORMATION

Camper Name:

In some instances, it may be helpful for the cabin counselors or other staff members to know some of the camper's medical information in order to best serve the child. Information that the Medical Director and Camp Director deem helpful may be shared on a need-to-know-basis at their discretion.

Agree, I have read and understand this authorization.

Is the camper covered by family medical/hospital insurance? Yes No

If Yes:

Insurance Company:

Name of Policy Holder:

Policy Number:

Name of Family Physician:

Family Physician's Phone Number:

Immunizations/Infectious Disease

Are your child's immunization's up-to-date? Yes No

If no, please explain:

Please list any current infectious diseases:

Please list date of last tetanus shot if known:

Allergies

Please list all medication allergies (if none, please write none):

Please list all food allergies (if none, please write none):

Please list any other allergies (if none, please write none):

Does your camper need any accommodations to fully participate in the camp program ?

Please list any restrictions to activities, special needs, limitations, or adaptations while at camp.

Is there any additional information you would like to share with us to ensure your child has the best camp experience possible? (i.e. - panic attacks, anxiety, bed wetting, eating disorder, etc.)

MEDICATIONS

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **KEEP MEDICATIONS IN THE ORIGINAL PACKAGING/BOTTLE** that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of dosage.

Medication 1

Name of Medication:

Reason for taking:

Dosage (ex: 100 mg twice a day):

Specific times taken each day:

Medication 2

Name of Medication:

Reason for taking:

Dosage (ex: 100 mg twice a day):

Specific times taken each day:

Medication 3

Name of Medication:

Reason for taking:

Dosage (ex: 100 mg twice a day):

Specific times taken each day:

Medication 4

Name of Medication:

Reason for taking:

Dosage (ex: 100 mg twice a day):

Specific times taken each day:

Medication 5

Name of Medication:

Reason for taking:

Dosage (ex: 100 mg twice a day):

Specific times taken each day:

MEDICAL AUTHORIZATION

The parent/guardian authorizes this health history is correct and complete to the best of my knowledge. The camper has permission to engage in all camp activities except as noted. I give permission to the camp to provide routine first aid and administer medications. I also give permission for the camp to obtain medical treatment as needed. I agree to the release of any records necessary for the medical treatment, referral, billing, or insurance. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by the camp to secure and administer treatment for the camper. This form may be photocopied as necessary.

I agree to hold the Diocese of Western Michigan, Camp Newaygo, and any associated organizations or persons harmless, and waive any claims related to an accident, injury, disability, or damages to the camper or property of the camper arising out of their participation in the camp.

Agree, I have read and understand this authorization.

Printed Name:

Signature:

(if submitting electronically, your printed name serves as your signature.)

Date:

PAYMENT INFORMATION

Senior Camp

9th-12th grades August 2-8, 2020

Middle Camp

5th-8th grades August 2-8, 2020

Junior Camp

3rd-4th grades August 2-8, 2020

\$425 - Early Bird Rate - Registration **Due Friday, July 10, 2020**

\$475 - Registration after July 10, 2020

\$25 additional shirts for parents/guardians/others

PAYMENT INFORMATION



Senior Camp

9th-12th grades August 2-8, 2020

Middle Camp

5th-8th grades August 2-8, 2020

Junior Camp

3rd-4th grades August 2-8, 2020

Registration Fee

\$425 - Early Bird Rate - Registration **Due Friday, July 10, 2020**

\$475 - Registration after July 10, 2020

Partial Payment

\$237.50

\$118.75

Other Amount

PAY WITH CREDIT CARD
EpiscopalYouthCamp.org/Payment

Make checks payable to EDWM and send to:
Episcopal Diocese of Western Michigan
Attn: EYC
5347 Clyde Park Ave. SW
Wyoming, MI 49609

CAMP SCHOLARSHIPS

The Diocese will make every effort to provide the funding needed for children to attend camp including contacting local parishes for assistance. Funding for scholarships is limited and on a first come first serve basis.

If you are in need of financial assistance, please answer the following questions.

How much are you able to contribute towards the registration fee?

Please list what other resources you have asked for assistance, such as your local parish.

If yes, what amount will they be providing to cover the costs of registration?

You can email your registration to EYCWesternMichigan@gmail.com or mail to 5347 Clyde Park Ave. SW, Wyoming, MI 49609

**Go to Online Payment at
www.EpiscopalYouthCamp.org/Payment**