

# 2010 summer CAMPS & PROGRAMS

## Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade (10/11) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Home Church \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cabin Mate (No more than 2) \_\_\_\_\_

Michigan state regulations require the name of person(s) to whom we may release your child. Please release my child to:

\_\_\_\_\_  
\_\_\_\_\_

### Weeks & Fees Please check week(s) attending

- |                                             |              |                                                                         |       |
|---------------------------------------------|--------------|-------------------------------------------------------------------------|-------|
| <input type="checkbox"/> Explorer Camp      | Ages 9 - 12  | June 27 - July 2                                                        | \$245 |
| <input type="checkbox"/> Western Camp       | Ages 10 - 14 | July 11 - 16                                                            | \$245 |
| <input type="checkbox"/> Adventure Camp     | Ages 9 - 12  | July 25 - 30                                                            | \$245 |
| <input type="checkbox"/> Middle School Camp | Ages 12 - 15 | July 4-9                                                                | \$259 |
| <input type="checkbox"/> Primary Camp       | Ages 7 - 9   | <input type="checkbox"/> July 18-20 <input type="checkbox"/> July 21-23 | \$125 |
| <input type="checkbox"/> Day Camp           | Ages 5 - 10  | July 12 - 16                                                            | \$100 |

*In case of emergency, please provide the following:*

Health Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

Address \_\_\_\_\_

**Required for each camper:** I hereby give my permission to Michindoh, licensed by the State of Michigan Family Independence Agency, to secure necessary emergency medical and surgical treatment and to provide routine, nonsurgical medical care for the minor child named on this form while attending camp.

I release all photos, videos, and audio tapes of my child at Michindoh for promotional purposes such as brochures, videos, web pages, etc.

I certify that this information is true to the best of my knowledge.

**Mail your registration with a minimum of a \$50 non-refundable deposit.**

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

Date \_\_\_\_\_