

CAMPER APPLICATION * BEECHWOOD HILLS CAMP 2007

Name _____ Age _____
Last Name First Name

Address _____ City _____

State _____ Zip _____ Phone (____) _____ Male/Female _____

Date of Birth _____ Last Grade Completed _____

Name & Location of Church Attending _____

Parent/Guardian _____ Phone (____) _____

If not available in an emergency notify: Name _____

Phone (____) _____

Which camp session? Junior Week – July 8-14, 2007 (For grades 2 to 5) **DENOTES GRADE**
 Senior Week – July 15 – 21, 2007 (For grades 9 to 12) **JUST COMPLETED.**
 Intermediate Week – July 22-28, 2007 (For grades 6 to 8)

Cabin partner preference if any. (Staff will try to accommodate 1 cabin partner.) _____

The camper named in this application hereby applies for admission to Beechwood Hills Summer Youth Camp and agrees to submit to the regulations of the camp, counselors, and the administrators.

Camper Signature _____ Date _____

I agree to submit to the regulations of the camp and hereby consent to the participation of my child in the activities of Beechwood Hills Summer Youth Camp during the selected camping session, except for the following (if any):

Parent/Guardian Signature _____ Date _____

Make checks payable to: WESTERN MICHIGAN CHRISTIAN ENCAMPMENT. CHECK T-SHIRT SIZE DESIRED
The fee is \$150.00. Registration deadline is June 1, 2007. Registrations after that date will be charged a \$10 late fee. Mail this application along with your \$30.00 deposit:

Small Extra Large
 Medium 2X
 Large 3X
Adult Sizes

BEECHWOOD HILLS CAMP
c/o Sheryl Porter
2712 Nighthawk Ave
Schoolcraft, MI 49087

NOTE: After we receive this application, you will be sent additional paperwork that must be filled out prior to camp. Camper forms are also available at our web site: www.BeechwoodHills.org.
Administrator's Phone Number: (269) 290-3825. Camp Email: staff@beechwoodhills.org

For Camp Use Only/Do Not Write In This Area

Amount Included \$ _____

Paperwork Mailed _____

Paperwork Complete _____

T-shirt _____

Camp Dates

Junior Week — July 8-14, 2007
(grades 2 to 5)
Senior Week — July 15-21, 2007
(grades 9 to 12)
Intermediate Week—July 22-28, 2007
(grades 6 to 8)
Denotes grade just completed.

Arrival & Departure

Campers should not arrive before camp sessions begin at 3:00 p.m. on Sunday. Campers will be free to leave on Saturday once their cabin has completed their clean-up duties. Departure should be around 10:00 a.m. on Saturday.

Registration Fee

The total fee is \$150.00 per week. Registration deadline is June 1, 2007. Registrations after that date will be charged a \$10 late fee. Fees include the following: 1 T-shirt, canteen, 1 cabin photo, insurance, special classes, qualified Christian staff, food, and cabin. A minimum deposit of \$30.00 will be due with the application. The remainder of the fee may be paid at anytime in advance. Deposit is not refundable. Registration should be mailed as soon as possible. Space is limited.

Acceptance

Applications will be accepted in the order received. Rules for acceptance and participation in the program are the same for everyone. This facility is operated in accordance with a policy which does not permit discrimination because of race, color, age, gender, handicap or national origin.

Modest Attire

Modest dress is a must in order to promote the proper Christian attitudes. **Shorts must reach mid-thigh. Tops must be long enough to tuck in and may not expose bra straps, etc. The dress code will be strictly enforced.**

Medical Info

Although a physical exam is not required, the camp **must** have a medical history of each camper. A forms packet will be mailed to you upon acceptance.

Please complete every form and have them available upon your arrival at camp. All information will be held in confidence for State inspectors to review during their required visits.

Personal Expenses

Large sums of money should be left at home. Canteen expenses are included in the camp fee. The camper will not need any additional funds beyond the \$150 camper fee. Arts and crafts are also included in the registration fees. The camp will not be responsible for loss of money.

Personal Property

Each camper is responsible for the things he or she brings to camp. We cannot be responsible for loss or damage to personal property.

Visiting the Camp

Relatives and others are always welcome to visit Beechwood Hills and see it in action. Visitors must check in and out with the director or administrator. A \$3.00 fee will be accepted for the meal when visiting the camp. Visitors must call for meal reservations.

For Sale

At registration and checkout, camp logo T-shirts, sweatshirts, Frisbees, and other items will be available for purchase.

Items to Bring

Bible, Clothes you don't mind getting dirty. Camp is tough on clothes. Extra shoes. Modest swimming suit. Bedding (sleeping bag, pillow, etc.). Toiletries (toothbrush, toothpaste, soap, shampoo, etc.). Towels and wash cloths. Be prepared for cool nights and the possibility of rain. Mosquito repellent & flashlight.

Check out BeechwoodHills.org!

Additional camper and staff forms can be downloaded from our camp web site. The forms are in Adobe Acrobat format (PDF). Check out the web site for other camp events and information..

Child Information Record and Camper Release Form
Michigan Department of Consumer & Industry Services

Date of Arrival			Date of Departure		
Name of Child (Last, First, Middle Initial)					
Address			City	State	Zip Code
Home Phone Number (include area code)			Child's Date of Birth		
Father/Legal Guardian's Name			Mother/Legal Guardian's Name		
Home Address (If different from child's address)			Home Address (If different from child's address)		
City	State	Zip	City	State	Zip
Home Phone Number (If different from child's phone number)			Home Phone Number (If different from child's phone number)		
Employer			Employer		
Work Phone Number (Include area code and extension)			Work Phone Number (Include area code and extension)		
Times of Employment			Times of Employment		
Any other emergency phone number with description. (e.g., cell phone)			Any other emergency phone number with description. (e.g., cell phone)		
Name of Person to be Notified in an Emergency when Parent is not Available.			Emergency contact's address.		
Emergency Contact's City			Emergency Contact's State	Emergency Contact's Zip	
Emergency Contact's Home Phone Number			Emergency Contact's Work Phone Number		
NAMES OF PERSONS TO WHOM THE CHILD MAY BE RELEASED.					
(1)			(3)		
(2)			(4)		
Parent or Guardian Signature				Date	

NOTE: THIS PART IS TO BE SIGNED WHEN THE CAMPER IS PICKED UP AT CAMP.	
Signature of person picking up the camper.	Date

**CAMPER HEALTH HISTORY RECORD
 REQUIRED BY THE MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES
 FOR BEECHWOOD HILLS CAMP / WESTERN MICHIGAN CHRISTIAN ENCAMPMENT**

Name (Last, First, Middle):			
Sex:	Date of Birth:	<u>Name of Camp</u> Beechwood Hills Camp / Western Michigan Christian Encampment <u>Mailing Address-County, City, Zip Code</u> Allegan County 3144 22nd St Hopkins, MI 49328	
Address:			
Telephone			
Parent or Guardian Name		Address	
City	State	Zip Code	Telephone

MEDICATION NEEDED OR USED (INCLUDING PSYCHIATRIC)

NAME OF MEDICATION	FREQUENCY	DOSAGE	CURRENTLY BEING TAKEN
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

List any allergies you have to food or medication:

List any special conditions such as bedwetting, fainting, sleep walking, etc.:

Does camper have any health, behavioral, or emotional problems including current infectious diseases?
 Yes No If yes, please explain.

Should camper's activities be restricted because of any physical defect or illness? Yes No If yes, please explain the degree of restriction.

COMPLETE THE MEDICAL RELEASE AND IMMUNIZATION RECORD ON THE REVERSE SIDE.

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

Signature _____ Date _____

Medical Release Form
Michigan Department of Consumer & Industry Services

Notice: By signing this form you are granting the operator of the children's camp organization authority to secure emergency medical, surgical treatment for your child while attending camp if there is insufficient time to contact you.

You are also giving the camp operator permission to secure routine, nonsurgical medical care for your child while attending camp. In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children's camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 14a(2) states: 'A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.'

Name of Camper (Print Last Name, First Name)
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I hereby give permission to Beechwood Hills Camp/Western Michigan Christian Encampment, which is licensed by the Department of Consumer and Industry Services, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

Parent Signature	Date of Signature
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The camper's primary and secondary insurance will be utilized prior to camp insurance in case medical treatment is required.

Primary Medical Insurance / Health Insurance Policy Name and Number(s)
Secondary Medical Insurance Health Insurance Policy Name and Number(s)

Immunization

	Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping Cough)	Measles	Rebella	Hepatitis B	Other
Date of Initial Immunization Completed									
Date of Most Recent Booster									

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

Authorized Signature

Date

Addendum to Beechwood Hills Camper Health Form

The following medications are stocked by Beechwood Hills Camp to help manage common health problems. My child _____ has my permission to take or use the following medication, as administered by the camp Health Officer: (check all you approve use of)

- | | | |
|---|---|---|
| <input type="checkbox"/> Tylenol/acetaminophen | <input type="checkbox"/> Motrin/ibuprofen | <input type="checkbox"/> Sudafed/decongestant |
| <input type="checkbox"/> Benadryl/antihistamine | <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Robitussin/expectorant |
| <input type="checkbox"/> Tums/antacid | <input type="checkbox"/> Orajel | <input type="checkbox"/> Epipen (for bee sting allergy) |
| <input type="checkbox"/> Throat Lozenges | <input type="checkbox"/> Salt | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Milk of Magnesia | <input type="checkbox"/> Hydrocortisone cream |
| <input type="checkbox"/> SPF 45 Sunscreen | <input type="checkbox"/> Aloe Vera | <input type="checkbox"/> Triple Antibiotic cream |
| <input type="checkbox"/> Burn ointment | | |

Parent or Guardian

Date

PHOTOGRAPH AND VIDEO RELEASE

Last Name

First Name

Camper Release

I understand that my camper may be photographed or video taped while engaged in camp activities, and I grant permission for these images and voice recordings to be used in photographs available for purchase by campers and staff, brochures, reports, web site, and presentations used to promote the camp.

Signature Parent/Guardian

Date

Staff Release

I understand that staff members may be photographed or video taped while engaged in camp activities, and I grant permission for these images and voice recordings to be used in photographs available for purchase by campers and staff, brochures, reports, web site, and presentations used to promote the camp.

Staff Member Signature

Date

Signature Parent/Guardian

Date

(Minor staff members must also have the signature of a parent/guardian)