

BEECHWOOD HILLS CHRISTIAN YOUTH CAMP
CAMPER & BLT APPLICATION 2023

Name:		Age @ Camp:	
Address:		Birthdate:	
City:	State:	Zip code:	Phone:
E-mail:		Male or Female:	
Parent/Guardian:		Phone:	

In case of emergency contact:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Please check which week the above camper will be attending:

- \$130.00 Early Bird Special (UNTIL MAY 20th)**
- \$160.00 after May 20th *(To ensure you get a t-shirt at camp please register no later than June 1st)*
- \$35 BLT Volunteer
- Senior Week – June 25-June 29, 2023—Ages 14-18
- Junior Week—July 9-13, 2023—Ages 8-13

Photo/Video Release

I also give my permission for my child to be photographed or videotaped and allow Beechwood Hills to release said pictures for publicity purposes.

Parent/Guardian Signature: _____ Date: _____

I agree that the information given above is accurate and correct to the best of my knowledge. I agree to my child listed above to attend Beechwood Hills Christian Camp.

Parent/Guardian Signature: _____ Date: _____

Visitor Policy:

Part of the magic of camp is making great friends while being away from home. We ask that there be no social visits to campers or staff during sessions as it can be very difficult on other campers. If any individual plans on volunteering a day or even a few hours, please fill out a staff application and submit this application to the Summer Camp Manager before the deadline of May 1st. A Central Registry Clearance form is also required to be submitted to the State of Michigan to volunteer.

If a visit to the camp is necessary, please contact the Alisha Bissell prior to visiting at 989-944-1482. Upon arriving, please sign in at the office and present valid photo identification. A visitor badge will be issued at check in and required to be worn during the visit.

Time for Drop-off and Pick-up:

Registration begins Sunday at 3:00-5pm (Campers eat at 5)

Pick-up is the following Thursday at 6:00 pm .

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Rules to be previewed before attending Beechwood Hills Christian Youth Camp:

Upon completion of this application, more policies/rules will be gone over by the Director on the first day of arrival. The following policies are important ones to take notice of and are required to be reviewed with the camper. Please sign agreeing that these have been read and the parents and camper are in agreement to follow. **Keep in mind, BWH camp policies are established for the purpose of keeping every camper and staff member safe. If any rules/policies are violated, appropriate discipline will be exercised which could result in sending the camper home.** We have kids coming to camp from all walks of life. This is a wonderful opportunity to share the love of Christ and to build friendships that hopefully last a lifetime. We are so thankful to have your child come to camp!

1. **We do not allow compromise of any Biblical teaching.** *Zero Tolerance of any immoral:* behavior, agenda, clothing (words or images), and/or conversations.

2. Beechwood Hills summer camp cabins will be organized according to biological gender.

3. It is an **electronic FREE week** with the exception of the Manager, Director & Nurse for safety. They will be collected upon arrival or leave with parent!

4. Clothing Policy:

- Shirts must be 4 finger length of sleeve for tank tops
- No clothing with any type of slogan or ad that doesn't conform to a Christian standard, i.e. tobacco, alcohol, social agenda
- Shorts, skirts, and slits in shorts/skirts must be credit card width from the knee.
- One-piece swimsuit or tankini allowed. If you bring a bikini, you must wear a shirt while swimming.
- No open midriff or low-cut (no cleavage showing) or see through clothing.
- No yoga pants, muscle shirts, spandex of any kind whether shirts, shorts, or pants.
- While walking to and from the waterfront, each camper must be fully clothed and covered. Shoes must also be worn.
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AUTHORIZATION:

I have reviewed the Policies & Procedures with the above camper. The camper named in the application hereby applies for admission to Beechwood Hills Summer Youth Camp and agrees to submit to the regulations of the camp, counselors, and the director.

Camper Signature _____ Date _____

I agree 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: _____

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Health History Record Form

Health History Record of: _____ Male Female

Birthdate: _____

All information in this section will be kept confidential and only shared with essential staff members.

Emergency contact Information:

Please give the name and number of someone other than parent or guardian who can be reached in an emergency if no one can be reached at home.

Name _____ Relationship to Camper _____

Phone Number () _____

Parent's Name _____ **Parent's Phone Number** _____

Insurance Information Medical Insurance Co.	
Cardholder's Name	Doctor's Name
Policy Number	Doctor's Phone #

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper.

Is the camper having any of the problems listed above	Yes	No		Yes	No
Hay fever, asthma, wheezing Date of last attack:			Trouble with passing urine or bowel movements		
Eczema or frequent skin rashes			Shortness of breath		
Convulsions/seizures			Speech problems		
Heart Trouble			Menstrual problems		
Diabetes			Dental problems		
Frequent colds, sore throats, ear aches (4 or more per year)			Other		

Please explain any problem areas identified above including any current infectious diseases:

If female, has she been told about menstruation (answer if appropriate) yes ____ no ____

Has she menstruated (answer if appropriate) yes ____ no ____

Operations or injuries:

Explain any special health, behavioral, or emotional considerations. (bedwetting, fainting, sleep walking, etc.)

Explain Special conditions to be watched for such as ALLERGIES (reactions to food, penicillin, or other drugs, **bee stings**), (If your child is allergic to peanuts, please note if the allergy is ingested or airborne.) Please specify what the reaction was. (rash, difficulty breathing, etc.)

Explain any environmental/seasonal allergies. Please explain what the reaction was to such allergy.

Should the camper's activity be restricted in any way because of any physical limitation or illness? Yes ____ No ____
If yes, please explain degree of restriction.

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Medication needed or used (including psychiatric)				Currently being given		Going to be given at camp	
Kind	Dosage	Frequency	Reason for Medication	Yes	No	Yes	No

Note to Parents: It is not the camp’s responsibility to provide medication or supplies to campers with long term conditions. Please bring PRN over-the-counter and prescription drugs for your camper with you to registration. Please make sure to bring enough medication in the original bottle with camper’s name and make sure it isn’t expired. This should include inhalers and epi-pens.

Immunizations:

Are camper’s immunizations up to date? _____ Date of most recent tetanus? _____

The following medications are part of the BWH standing orders. **THESE ARE THE ONLY MEDICATIONS AVAILABLE.** Please check the medications you would **NOT** want your child to receive.

Medication	Common Brand Name	NO	Common conditions treated with this medication
Acetaminophen	Tylenol		Pain, headache, stomach ache, fever
Analgesic Ointment	Solarcaine/Aloe		burns, sunburns
Antibiotic Ointment	Triple antibiotic		Cuts, scrapes
Anti-diarrheal	Immodium AD		Diarrhea
Anti-gas/Anti-acid	Tums		Stomach ache, Heartburn
Anti-itch	Calamine lotion		Poison Oak, Ivy, & Sumac, Bug Bites
Antihistamine	Benadryl		Severe Allergies ONLY
Dextromethorphan/guafinesin	Robitussin DM		Cough
Hydrocortisone Cream	Cortaid/Benadryl Cream		Rashes, Bug Bites
Ibuprofen	Motrin, Advil		Pain, headache, fever, inflammation
Naproxen/sodium	Aleve		Pain, headache, fever, inflammation
Antihistamine	Claritin		Seasonal Allergies, itching
Gold Bond	Gold Bond		Chaffing, Fungus

I hereby give permission to medical personnel selected by the camp staff to order X-rays, routine tests, and treatment for my child, _____. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by BWH to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to the camper listed above. I further authorize the release of the medical information contained on the Health History Record to appropriate medical personnel and/or the health coverage insurance company. In addition, I hereby release BWH, its staff, Board of Directors from liability associated with participation in camp activities. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in participating in recreations activities and other programs related to participation in youth functions.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Camper Release Form

To assure that a camper is not released into the custody of another person without a written statement of permission from the authorized person:

NO CHILD WILL BE RELEASED TO ANYONE OTHER THAN STATED ON THE RELEASE FORM.

Each child will need to be picked up on the Thursday night of their camp session at approximately 6:00 pm, unless other arrangements have been made with the Director of the designated camp week your camper is attending.

If the child is of age to drive, please note below that they have your permission to drive themselves home. Please authorize a staff member to sign your camper out stating that they have left the grounds of Beechwood Hills Christian Camp. In this event, releasing Western Michigan Christian Encampment DBA Beechwood Hills Christian Camp of any reliability from time of Check-Out.

If I am not able to pick up my child or they can drive themselves, the camper may be released ONLY to the following people:

_____	_____
_____	_____

By signing below, I, _____, give Beechwood Hills Christian Camp authorization for the above people to have my camper released to upon Check-Out.

Signature: _____

Date: _____