



CYO CAMPS

Fall Weekend Camp!

November 3-5, 2017

At CYO Girls Camp

NEW! Weekend Co-ed Camp at CYO Girls Camp for new and returning campers ages 7-16.

We want to see both Boys Camp and Girls Camp campers!

\$75 covers meals, lodging (housed separately), supervision by camp staff, and all the activities!

Check-in at camp Friday at 8:00 pm, check out Sunday at 2:00 pm

\$25 for bus transportation from Royal Oak



To register, fill out the attached fall camp registration form and mail it with payment to CYO Camps: 7303 Walker Rd., Carsonville, MI 48419

Connect with us!



CYOCamps



@CYOCamps



ckrucker@cyodetroit.org

**CYO Girls Camp is located at:
1564 N. Lakeshore Rd.
Port Sanilac, MI 48469**

810.622.8744

www.CYOCamps.org

Fall Encore Weekend!





CYO Boys Camp and Girls Camp

2017 Fall Weekend Camp Registration Form

IF YOUR CHILD ATTENDED ONE OF OUR CAMPS IN 2017 PLEASE WRITE IN THEIR NAME & ANY INFORMATION THAT HAS CHANGED & FILL OUT THE SECOND PAGE.



CAMPER INFORMATION - one camper per form

Camper Last Name:			
Camper First Name:			
Camper's Gender (M/F):		Date of Birth:	
Previous # of years at CYO Camps:			
Camper's Address:			
Camper's City/State/Zip:			
Camper's Home Phone Number:		County:	
Camper's Church / Parish:			

FAMILY INFORMATION

Include the area code first and if information is the same as campers write "same"

Primary Parent (Legal Guardian):			
Cell Phone:			
Primary Email Address:			
2 nd Parent Name (Legal Guardian):			
Cell Phone:			
2 nd Parent's Email Address:			
Is there a custody issue we should be aware of?			

EMERGENCY CONTACT INFORMATION

Person to notify in an emergency, if unable to contact parents:

1 st Emergency Contact Name:		Relationship to Camper:	
1 st Emergency Contact Number:			

CABIN MATE REQUEST

Honored only if the campers are the same age or one (1) year apart

1.		2.	
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CAMPER RELEASE TO INFORMATION

To comply with the State of Michigan law, the CYO Camps must have the names of adults to whom the release of the camper has been authorized by the parent or legal guardian.

In order to change this, we will need written permission. Write the names in the box.

Parent/Guardian Names:

- 1.
- 2.
- 3.
- 4.

IMPORTANT NOTES

Cancellation Policy: All but \$35.00 will be refunded for cancellations made up to 14 days prior to the camp session. After this time no refund is given.

Return Check Fee: There is a \$15.00 charge on all returned checks.

Upon Completion: Once we have processed the camper registration information, we will email you the information necessary to make the camper's stay at CYO Camps successful.

CAMPER PERMISSION – read carefully

I consent for CYO, SVdP, and the American Camp Association to use in camping advertisements photographs taken at camp of my child whose name appears on this information sheet. Please check ☒ the box accordingly. ***This includes posting cabin & misc. photos on the CYO Camps Facebook page, Instagram page and website.***

YES

NO



By signing this form, I understand and give CYO Camps permission and acknowledge that I am able to grant permission to the Catholic Youth Organization of the Archdiocese of Detroit for the following:

- To take the above-registered minor child on trips away from the camp property and to travel in vehicles provided by the CYO Camps. These destinations may include but are not limited to the CYO Boys Camp.
- I also understand and accept that during my child's stay at CYO Camps, he/she may be involved in "high adventure" and risk activities such as swimming, archery, backpacking, hiking, and the use of a high and low ropes course. I will not hold the Catholic Youth Organization, SVdP Camp Ozanam or any of its agents, trustees, employees, or volunteers liable for any injuries or illness to the above registered minor camper that might occur during these or any other activities conducted by the camp or camper on or off campgrounds.
- If the camper arrives at camp with an injury or illness that requires medical attention during their stay at camp, and/or if an illness or injury incurs while at camp that requires medical attention, I understand that I am financially responsible for expenses occurred.
- I understand that it is my responsibility to inform the CYO Camps about any medical, behavioral, emotional or psychological issues that my camper may have and that failure to do so may mean immediate termination from the camp program without refund. I will not send my child to camp if he/she has a contagious disease/illness (head lice, chicken pox, strep throat, pink eye, etc.).
- I understand that throughout the course of my camper's stay, inspections of personal belongings, announced and unannounced, will take place to maintain our expectation of a safe summer camp.
- I agree that my camper will be required to conform to the rules and regulations of the camp.

Signature of Parent or Legal Guardian

Date

*The above stated policy has been adopted in an effort to make the camps safe and secure for all campers.
We appreciate the cooperation of our campers and parents in this very important matter.*

COED CAMP WEEKEND

X	Trip	Dates	Fee	Amount Owed
	Coed Fall Weekend @ CYO Girls Camp	November 3-5	\$75	
	Round Trip Bus Transportation		\$25	
Total Amount Owed for COED CAMP WEEKEND & TRANSPORTATION:				\$

PAYMENT INFORMATION

<input type="checkbox"/> Check (make payable to: CYO Camps)		<input type="checkbox"/> Cash	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card #		Expiration Date:	
3 Digit Security Code on back of card:		Billing Zip Code:	
Name as it appears on credit card:			
Signature:			
Amount to be applied to Credit Card: \$			
Mail completed registration form and payment to: CYO Camp 7303 Walker Road Carsonville, MI 48419			