

CAMP CHICKAGAMI

day camp REGISTRATION

SPONSORING CONGREGATION/ORGANIZATION: _____

LOCATION: _____

DATES & TIMES: _____

getting to know you

CAMPER'S FULL NAME: _____ CAMPER'S NICKNAME: _____

GRADE (IN FALL 2021): _____ AGE: _____ BIRTHDAY _____

GENDER IDENTITY: _____ (MM/DD/YYYY): _____

keeping you healthy

ANY ALLERGIES? TELL US ABOUT THEM: _____

ANY OTHER MEDICAL, EMOTIONAL OR BEHAVIORAL CONDITIONS THAT WE SHOULD KNOW? _____

DO YOU HAVE AN INHALER? **BRING IT WITH YOU!** HAVE AN EPI-PEN? **BRING IT WITH YOU!**

who should we contact?

PARENT/GUARDIAN NAME: _____ PRIMARY PHONE: _____

EMAIL ADDRESS: _____ ADDRESS: _____

ALTERNATIVE EMERGENCY CONTACT NAME: _____

PHONE NUMBER WHERE THEY CAN BE REACHED DURING DAY CAMP: _____

who can pick you up?

LIST THE NAMES OF THE ADULTS AUTHORIZED TO PICK UP THE CAMPER AT THE END OF THE DAY. INCLUDE OTHER PARENTS, RELATIVES, CHILDCARE PROVIDER, CARPOOL DRIVERS, ETC.

AUTHORIZED PICK-UP NAMES: _____

Photo/Publicity Release Statement: I grant Camp Chickagami, _____, the Episcopal Diocese of Eastern Michigan and Western Michigan permission to record on film, videotape or audiotape my child's participation in this event. I further agree that any or all of the material may be use, in any form, as part of future production(s) made by Camp Chickagami, _____, the Episcopal Diocese of Eastern Michigan and Western Michigan, and further that such use shall be without payment of fees, royalties, special credit, or other compensation. I also understand that no child will be identified by name in any publicly accessible media.

I AGREE: _____ I DO NOT AGREE*: _____

***If large group photos are taken, I understand that my child may be in them and will not be purposefully excluded from these photos.**

I grant the program permission to apply sun screen and bug spray to my child. I also grant the program permission to administer basic first aid to my child and to use over-the-counter first aid remedies such as topical antibiotic. I also grant permission for my child to carry self-administered medications such as an inhaler or EpiPen, and authorize camp or church staff to administer EpiPens to younger children.

I AGREE: _____

In consideration of allowing my child to attend and participate in this youth event, I, on behalf of said child do hereby release, discharge and agree to indemnify amp Chickagami, _____, the Episcopal Diocese of Eastern Michigan and Western Michigan, their Councils of Trustees, officers, ministers, staff, employees and agents and anyone else connected with said organization against any loss, expense or judgment said organization or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in this youth program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Camp Chickagami is the Episcopal camp and retreat center owned and operated by the Episcopal Diocese of Eastern Michigan. Camp Chickagami is located in Presque Isle, Michigan and is available for rent and retreat as well as summer camp opportunities. Check out campchickagami.org for more details and information.