

# 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 used, 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 Camp 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: \_\_\_\_\_