



Winter 2011

Senior High Retreat

For all Michigan Mission Center 9th-12th grade youth.

You will get to experience a little taste of SPEC
along with the fun of Sr. High Camp!

When: February 25-27, 2011

Registration begins at **7:30 pm** Friday, Feb. 25th. Pick up campers by **11:30 am** Sunday, Feb. 27.

Where: Blue Water Campground

Cost: \$55

Contact Person: Kristi Bernhardt

Phone: 517-256-6731

To reserve a spot please call or e-mail Kristi Bernhardt:

Kristi.Bernhardt@douglasj.com

You can also respond to the event on Facebook at

<http://www.facebook.com/#!/event.php?eid=179434538756352>

Also, return forms and at least \$25 deposit to Darlene Pauly at Blue Water Campground, 3995 Lakeshore Dr., Lexington, MI 48450!



Youth Camper Information Record Michigan Mission Center

Directions: Complete & return with Youth Camper Health History Record and deposit of \$25 or full payment, or name of paying congregation _____, to Darlene Pauly 3995 Lakeshore Dr. Lexington, MI 48450
(Name of Congregation)

Name of Camper _____ Date of Birth ___/___/___ Age:___ M/F ___
First Last Middle

Address _____
Street Apt # City State/Province Zip Country___

Parents Name(s) _____ Grade in September___ Church Denomination _____
First Last

Parents Address if different from camper _____
Street City State/Province Zip Country

Home phone (___) ___-___ Work Phone (___) ___-___ Cell phone (___) ___-___

Parent(s) Work Address: _____
Name of company Street City State Position

Emergency Contact Information (Someone other than parent or guardian. Friend/Relative/Neighbor, etc...)

Name Phone # Work or Cell Phone # Relation to camper Street City State

Release of Camper: Please complete this entire section. The person(s) you list below will be the only person(s) authorized, other than yourself (parent), to whom your camper will be released to. Include anyone who you would authorize to pick your child camper up at camp. **Persons listed below must be at least 18 years old with I.D. (Please Print)**

1. _____ 2. _____ 3. _____

Signature of person to whom child is released to _____
Name Date/Time

Health Care Authorization Statement

Notice; By signing this form, you are granting the operator of the Blue Water youth camp organization authority to secure emergency medical, surgical treatment for 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 camps this authorization must be signed by a parent or guardian of a child camper unless there is religious objection. (In accordance with MCLA Act 218, Public Acts of 1979, as amended, and rules for licensing camps, this authorization must be signed by authorized person of an adult camper unless religious objection.) **I HEREBY GIVE PERMISSION TO THE CAMP NAMED ON THE TOP OF THIS PAGE, WHICH IS LICENSED BY THE DEPARTMENT OF FAMILY SERVICES, TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT AND TO PROVIDE ROUTINE, NONSURGICAL MEDICAL CARE, FOR THE MINOR CAMPER NAMED ABOVE WHILE ATTENDING CAMP.**

Parent or Legal Guardian signature Date

Name of Health Insurer : _____ (attach a copy of your cards front and back is helpful)

Insurance # _____ Group # _____

Camper's Physician's Name: _____ Physician Telephone #: _____

Current Health Issues and History (Attach information to this page or list on back).

- List any special conditions such as bedwetting, fainting, sleep walking, special diet, or allergies camper has(on back)
- List any health, behavioral or emotional problems camper has, including current infectious diseases(on back)
- Should camper's activity be restricted because of any physical reason? YES NO (circle one) **Explain** (on back)
- List on the back any medications(prescribed or over the counter) the campers takes:
- Immunization Record:(**Attach photo copy** of Immunization Record to this form or state type and date on the back)

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

Authorized Person's Signature: _____ Relationship to Camper: _____

FURTHER, WE (I) HEREBY GIVE CONSENT TO AND AUTHORIZE THE TAKING OF PHOTOGRAPHS OR VIDEOTAPE IN WHICH MY CHILD MAY APPEAR. I HEREBY WAIVE ALL RIGHT OF PRIVACY IN AND TO ANY SAID PICTURES OR TAPES.

Parent or Legal Guardian signature

I HEREBY AGREE TO OBEY ALL CAMP RULES AND REGULATIONS.

Camper signature