

Friendship Camper Request Form

Date _____

Church Name _____

Contact Person _____

Email _____ Phone # _____

FRIENDSHIP CAMPERS:

Name _____ Age _____ M / F

Name _____ Age _____ M / F

Name _____ Age _____ M / F

Name _____ Age _____ M / F

Name _____ Age _____ M / F

Total Number of Friendship Campers: _____

of campers _____ x \$ 135 = TOTAL ENCLOSED \$ _____

PAYMENT METHOD:

1. Check written out to "Camp Au Sable"

OR

2. Credit Card - Circle One: VISA Master Card Discover

Credit Card Number

Exp. Date

CVV

Full Name on Card

\$

Total Amount

Signature

To complete this Friendship Camper request, these completed documents **MUST BE MAILED TOGETHER TO BE VALID:**

1. Friendship Camper Request Form (THIS FORM)
2. Friendship Camper Registration form for each child (see attached)
3. Signed Waiver/Consent forms for each child
4. FULL PAYMENT for all Friendship Campers

Mail Completed Packet Before May 23th to:

Camp Au Sable, 2590 Camp Au Sable Drive, Grayling, MI 49738

Contact our Camp Au Sable office with any questions/concerns: 989-348-5491

2021 Friendship Camper Registration

Camper Name _____ Birthdate _____ / _____ / _____

Address _____ Circle: M or F

City _____ State _____ Zip Code _____

Primary
Phone _____ Email _____

Parent/Guardian Name(s) _____

Alternate Pick up _____ Phone # _____

Choose Your Counselor (optional) _____

Room Request with a Friend
(optional) _____

CHOOSE A CAMP:

- | | |
|---|----------------|
| <input type="checkbox"/> Adventure Camp (ages 8-11) | June 13-20 |
| <input type="checkbox"/> Junior Camp (ages 10-14) | June 20-27 |
| <input type="checkbox"/> Tween Camp (ages 12-15) | June 27-July 4 |
| <input type="checkbox"/> Teen Camp - High School (ages 13-17) | July 4-11 |

ACTIVITIES: Camp Au Sable is all about trying new things and learning to work as a team. Every day, campers will rotate with their cabin through the awesome activities listed below; all the while experiencing new things and bonding with their cabin mates and counselors.

HORSE-RIDING • CRAFTS • EVENING PROGRAMS • HIKING • CANOEING/KAYAKING •
GO-KARTS • EXPLORING NATURE • SWIMMING • SPORTS • AND MUCH MORE!

PARENTS OF CAMPER!!

Fill out these forms out as soon as possible and RETURN to the person who gave it to you! This will give you the best chances at getting the classes that you want. If any of the classes you signed up for are already filled, we will be putting you in a different class.

*** Deadline for Friendship Camper Registration is May 23th ***

Each of you will need to have an UltraCamp account. If you have one, please be sure to update all of the information and ensure that it matches the information on this registration form.

If you DO NOT have an UltraCamp account, you will need to CREATE ONE:

1. www.campausable.org
2. Click on "Registration"
3. Create a username and password
4. Set up a profile for your camper
5. We will do the rest in registering your child for the specific camp!

We look forward to seeing you this summer at Camp Au Sable! God bless you!

If you have any questions, feel free to call us at 989-348-5491!

Visit us at: www.campausable.org or "Like" us on Facebook "Camp Au Sable"

Camp Waivers & Consent Forms

(Signatures Required)

Consent & Assumption of Risk

I am applying for my camp attendee to engage in camp activities such as rock climbing, horseback riding, rope courses, water skiing, canoeing, gymnastics, go carts (hereafter collectively referred to as "activities"). I understand that such activities have inherent risks that include, but are not limited to, loss of control, collisions, obstacles and other potential dangers that could result in personal injury.

I represent that my attendee has no health or physical problems that will interfere with camp activities. In consideration of being given the opportunity to participate, my attendee and I assume and accept all risks of injury and danger involved in horseback riding and other activities. I agree that my camp attendee is responsible for his/her own abilities.

I do support, and applicant agrees to abide by all camp regulations and policies. As a parent or legal guardian of the camp attendee, or for myself if I am over 18 years of age, I release the Michigan Conference, the Camp Management, its employees and agents, from any and all liability for damages that might result from the camp attendee's participation in these activities.

Camp Photo Release

I acknowledge that while my child (children), who I indicated above, are at Camp Au Sable, Grayling, MI, he/she may be photographed by a still or video camera. I authorize Camp Au Sable to utilize my child's photographic image without identification in its brochures and advertisements in any media, including Camp Au Sable's website. In giving my consent, I hereby release and hold harmless Camp Au Sable and its agents from any and all responsibility of liability relating to the use of the photographs. I understand that neither my child nor I will receive compensation should any photograph authorized hereunder be used.

Print Camper Name

Camper Signature

Date _____

Parent/Legal Guardian Signature

Date _____

Camp(s) Attending: _____

Camper Medical Information

Camper's Full Name: _____ Cabin/Counselor: _____ / _____ M or F

Please check week(s) attending: Adventure Camp _____ Junior Camp _____ Tween Camp _____ Teen Camp _____

Parent/Legal Guardian: _____ Emergency Contact Number: _____

Address, City, State & Zip: _____

Emergency Phone Numbers: Day: _____ Evening: _____ Cell: _____

Insurance Information Attached: Yes _____ No _____ If no, please explain: _____

Important Note: Must have a photocopy of health insurance card (front and back) in order to treat camper in an emergency!

Physician/Health Care Facility: _____ Phone Number: _____

Date of last physical exam: _____ Are all school physicals/immunizations up to date: Yes _____ No _____

If not, please explain: _____

Date of last tetanus (DPT/TD) _____ If needed, may tetanus booster be given? Yes _____ No _____

Date of Birth: _____ Medication Allergies _____ Food Allergies _____ Other _____

Routine Medication: _____

Camper's Health History - Please Circle

- | | | | |
|--|--------|---|--------|
| 1. Upset stomach? | Y or N | 9. Any physical restrictions? | Y or N |
| 2. Frequent ear infections? | Y or N | 10. If female, menstrual difficulties? | Y or N |
| 3. Frequent headaches? | Y or N | 11. Any other health conditions requiring treatment? | Y or N |
| 4. Ever had seizures? | Y or N | 12. Any past medical treatment/operations? | Y or N |
| 5. Diabetes? | Y or N | 13. Any emotional or social issues? | Y or N |
| 6. Asthma? | Y or N | 14. Any activates mentally/physically unable to do? | Y or N |
| 7. Recent injury, infection, infectious disease? | Y or N | 15. Any medication that might impair ability as a camper? | Y or N |
| 8. Chronic or recurring illness/conditions? | Y or N | | |

Prefer private medication administration: Y or N

If "yes" please explain:

There will be a head lice check at registration. Each camper must be lice-free before they can be checked into a cabin.

{To be initialed by medical staff at registration: no lice _____ recheck _____ yes _____ }

I hereby give Camp Au Sable permission to provide routine health care (which includes over-the-counter drugs, first-aid for cuts, sprains, bruises, etc.), administer prescription medications, and seek emergency treatment as needed. In case of emergency, I hereby give permission to the camp physicians selected by the camp directors to secure proper treatment including: routine tests, x-rays, treatment, hospitalization, anesthesia, surgery, and to release any records necessary, as well as to provide or arrange necessary related transportation. I certify that the above information is correct and current to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

Camp Nurse _____ Date _____

