

2017 Children's/Youth Summer Camp Registration Form
***ALL INFORMATION WILL BE PUT IN ONLINE REGISTRATION FOR YOUR REVIEW-**
www.watersedgencamp.org – Camp Registration*

Camper's Last Name _____ First Name _____

Circle one: Male Female Grade Completed _____ Date of Birth: M ___ D ___ Y _____

T-shirt size: Tshirt guaranteed ONLY if registered by June 1! (Circle one) YM YL S M L XL XXL

Name of camp attending: (Circle) Camp Discovery (Primary) Champ Camp (Middler)
 Base Camp (Jr. High) Encompass (Sr. High) DAY CAMPS – Athletic or Survival

Roommate Request (up to 2) _____

Home Address _____

City _____ State _____ Zip _____

*Email address: (Confirmation done by email only) _____

Parent/Guardian: Full Name _____

Parent/Guardian: Full Name _____

Home Phone (_____) _____ Dad's Work (_____) _____

Cell Phone (_____) _____ Mom's Work (_____) _____

If parent/ legal guardian not available in case of emergency, please contact

Daytime Contact _____ Phone (_____) _____

Night Time Contact _____ Phone (_____) _____

I hereby authorize the following additional person(s) to pick up my child from camp

1. _____ 2. _____

Church currently attending _____

Camp Cost - \$25 Discount if paid in full & postmarked by June 1st!

Camp Discovery Gr 1-2 \$80 (July 20-21, 2017)	Champ Camp Gr 3-5 \$230 (July 16-20, 2017)	Base Camp Gr 6-8 \$280 (July 9-14, 2017)	Encompass Gr 9-12 \$280 (July 25-30, 2017)	Day Camp – Athletic or Survival \$75 – Gr 3-4 or 5-6 (July 5-7, 2017)	\$90 Gr 5-8 (July 5-7, 2017)
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Camp fee \$ _____ / Coupon Code & Amt \$ _____ + Amount paid by parent \$ _____

Total Due \$ _____

Credit Card #: _____ Exp. Date: _____ Sec. Code on back: (3 digits) _____

Make checks payable to "Water's Edge" and put name of camper/camp in the memo line.

FILL OUT MEDICAL INFORMATION ON REVERSE SIDE & ATTACH COMPLETED ADVENTURE WAIVER



Mail Registration and Non-Refundable Payment in Full to:

Water's Edge Camp

4171 Woodland Dr. Howell, MI 48855

(517) 546-9683; fax (517) 546-4410; office@watersedgencamp.org

Medical Information

Circle One: Male Female DOB: M ___ D ___ Y _____

Camp Attending (Circle one) Camp Discovery Primary Champ Camp Middler Base Camp Jr. High Encompass Sr. High

Camper's Last Name _____ First Name _____

Parent/Legal Guardian: Full Name _____

Parent/Legal Guardian: Full Name _____

Address _____ State _____ Zip _____

Dad's Home # (_____) _____ Dad's Work# (_____) _____

Mom's Home# (_____) _____ Mom's Work# (_____) _____

Dad's Cell # (_____) _____ Mom's Cell# (_____) _____

Physicians name and phone number _____

If parent/legal guardian is not available in case of emergency contact:

Daytime _____ Phone (_____) _____

Night time _____ Phone (_____) _____

Primary Physician _____ Phone (_____) _____

Insurance Co. _____

Name of Policy Subscriber _____ Contract # _____

Overall Good Health Recent illness/ injury Chronic illness Contagious disease

Convulsive Disorder Other Behavioral or Medical concerns (list inside box)

Immunizations: (check if current)

Diphtheria Hep B Polio Whooping Cough M/M/R

Date of last Tetanus Booster _____

Medications: Name/ Dosage/ When Administered (ALL medications, prescription & over the counter, must be in original container and turned in to Health Officer upon arrival at camp.)

Allergies: _____

Other Information: _____

(Please See Attached Add'l Sheet if necessary)

I authorize the Water's Edge Summer Camp Health Officer to render necessary routine first aid and medical care as required. In the event of an emergency, I give permission to the licensed physician chosen by the Water's Edge Camp to hospitalize, secure treatment, anesthesia, or surgery for the camper named on this form. I also give permission for the use of photographs and/or video including my son or daughter to be used in camp publicity.

SIGNATURE REQUIRED _____

DATE _____

Mail Completed Registration, Completed Adventure Release Form and Non-Refundable Payment in Full to:
Water's Edge Camp
4171 Woodland Dr. Howell, MI 48855
(517) 546-9683; fax (517) 546-4410; office@watersedgecamp.org

2017 Water's Edge Camp

Individual Acknowledgement of Risk and Waiver of Liability

TO: Water's Edge Camp & Conference Center, Eastern Michigan District Church of the Nazarene, it's employees, boards and representatives (hereinafter referred to as Water's Edge Camp).

The undersigned on behalf of himself/herself and all his/her minor children being registered as campers (hereinafter referred to as "campers") acknowledges that campers may participate in camp which includes day to day experiences as well as activities involving risk of injury to person or property and that the campers assume full responsibility for all such risk

MARK ALL ACTIVITIES PERSON MAY PARTICIPATE IN - IF NO ITEMS ARE MARKED PERMISSION IS NOT GIVEN FOR PERSON TO PARTICIPATE IN ANY ACTIVITIES!

Activity	Age Requirements	Activity	Age Requirements
ADVENTURE:		LAKEFRONT:	
High Ropes, Zip Line	() COMPLETED 5 th grade & up	Swimming	() All Ages
Climbing Wall	() COMPLETED 3 rd grade & up	Waterslide	() All Ages
Archery	() All ages	BLOB	() COMPLETED 7 th grade & up
Paintball	() COMPLETED 5 th grade & up	Canoeing	() All ages
Target Sports (Tomahawks, Throwing Knives, Sling Shots, Blow Guns)		() COMPLETED 9 th grade & up	

ALL ACTIVITIES ARE WEATHER PERMITTING.

The undersigned understands that although Water's Edge Camp has taken precautions to provide proper organization, supervision, instruction and equipment for each activity it is impossible for Water's Edge Camp to guarantee absolute safety. In the event of emergency the undersigned authorizes the treatment of camper by a licensed medical doctor. Furthermore the undersigned on behalf of the campers hereby specifically releases, waives, discharges and covenants not to sue the Water's Edge Camp for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death, whether caused by the negligence of the Water's Edge Camp or otherwise, while campers are in, on or about any premises of the Water's Edge Camp or using any of the Water's Edge Camp's facilities or equipment or participating in any program affiliated with the Camp.

Medical Statement: The undersigned certifies that each of the campers is in good health with no condition, illness, or abnormality which might subject them to undue personal risk for engaging in camp or any of the activities listed. Campers will notify an activity instructor of any health concerns they have or that arise during the activity. The undersigned certifies that the camper is not on any medication that will impair their ability to perform the activities and have not and/or will not take alcoholic beverages or drugs within 12 hours prior to participation.

The campers agree to comply with all instructions and directions of Water's Edge Camp staff and activity instructors prior to and during their participation. The undersigned understands that Water's Edge Camp has the right to dismiss any person whose actions or attitude are deemed detrimental to Water's Edge Camp and/or other participants, with all fees forfeited.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion thereof is held invalid, the undersigned agrees that the balance shall, notwithstanding, continue in full force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY FOR ALL CAMPERS REGISTERED, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE. ALL ELECTRONIC SIGNATURES ARE LEGAL AND BINDING.

I agree to comply with all instructions and directions of Water's Edge Camp staff and activity instructors prior to and during my participation. I also acknowledge there can be no guarantee of safety against risk and unforeseen accident. I consent to participation in the activity(s) checked above. I authorize the treatment of my son or daughter by a licensed medical doctor in the event of an emergency and a reasonable effort has been made to contact me through the provided emergency number.

Participants Name (Please Print): _____

Parent/Guardian Signature (If under age 18) or Participant Signature if over age 18

Date: _____

Emergency Contact Number: _____