



# Camp Talahi Summer Camp Registration Form

## CAMP SESSION \_\_\_\_\_

A separate camp registration MUST be filled out for each camper. All information required for minor campers under the age of 18. Thank you!

Camper name \_\_\_\_\_ Gender (please circle) Male Female

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Grade completed as of June \_\_\_\_\_

Camper address \_\_\_\_\_  
 Street City State Zip

Home phone \_\_\_\_\_ Adult E-mail \_\_\_\_\_

Church name and city (if applicable) \_\_\_\_\_ Pastor \_\_\_\_\_

Parent/Legal Guardian name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Legal Guardian name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

CAMP CHOICE #1 \_\_\_\_\_ CAMP CHOICE #2 \_\_\_\_\_

\*A Minimum deposit of \$50 is required when registering for any camp. Registrations received without payment will not be registered for camp.

Camp Registration Fee	\$	\$
Church Assistance (Name of church and amount)	\$	-
Family Discount	\$	-
Family Responsibility	\$	
Deposit	\$50	
	TOTAL DUE JUNE 1	

Please charge my credit card: Type of Card (circle one) MasterCard VISA Account # \_\_\_\_\_ Exp Date \_\_\_\_\_

Printed Card Holder Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Statement from parents/guardians: It is our goal to minister to each camper as an individual and to meet their needs to the best of our ability. Please help us prepare and care for your child by sharing with us any helpful information which will assist us as we prepare to provide your child a healthy, growing, camp experience.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Pastor or Christian Education Director if receiving financial assistance \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to: Camp Talahi Retreat and Nature Center and mail to:

Camp Talahi Retreat and Nature Center  
 c/o St. Paul UCC  
 26550 Cherry Hill Rd  
 Dearborn Heights, MI 48127



## Dear Parents and Guardians,

*Please note the following guidelines approved by the Camp Talahi Retreat and Nature Center. Both campers and parents should read them carefully and sign below. Please return this form along with your camp registration form. Thank you!*

**Payments and Refunds** A non-refundable deposit of \$50 is required with the initial registration. The balance is due June 1 or if registering late, at least two weeks before the start of the camp. **We do not accept payment or registrations at camp.** Campers with open invoices from previous years will not be allowed to register until the outstanding balance is paid. If a camper withdraws more than ten days before the start of a session a refund will be issued with 15% of the total being retained for administrative costs. If a camper withdraws within 10 days of camp session, for reasons other than medical emergency or family crisis, the parent will be responsible for the full camp fee; no refunds will be made. There is no refund for campers sent home for illness, homesickness, injury or discipline.

**Behavior Management** Certain behaviors, which are deemed inappropriate, may result in a camper being sent home. These behaviors include, but are not limited to, fighting, hitting, biting, stealing, destruction of, or intrusion into another's property, threatening another, defying a counselor or dean, refusal to eat, wandering from established program area, sexual activity, possession of drugs, alcohol, weapons or other unauthorized substances. Campers are encouraged to follow the "Hands to ourselves" approach - not touching another campers' belongings: Clothing, personal items, cameras, etc.

No child will be punished physically, deprived of food or sleep, placed alone without staff supervision, interaction or observation, nor humiliated or ridiculed, threatened with corporal punishment or excessive physical exercise or restraint by a Camp Talahi staff member or volunteer.

**Health Care** A Health Officer is on duty during all summer camp sessions, with standing orders from a doctor on call. We will attempt to reach parents if an illness or injury requires a visit to our on-call doctor's office or the emergency room. If we cannot reach parents, we will bring the camper for treatment and continue to try to reach parents. Parents or guardians are responsible for health care costs should a camper need to be brought to our on call doctor's office, pharmacy, or the emergency room. Invoices for such visits will be given to parents when they pick up their camper. Parents are responsible for payment directly to the health care provider and for any prescription medication.

**Medication** Prescription medications must be brought to camp in the original bottle clearly labeled with the name of the camper, name of medicine, and prescribed dosage. All medications are turned in to the Health Officer upon arrival during the screening process and are kept in a locked container and are dispensed by the Health Officer. Please do not send Tylenol or other over the counter medications.

**Disclosure of Medical Conditions** In order for us to help your child have the best experience possible, the Summer Camp Director needs to be aware in advance of any physical, emotional, or behavioral needs a child may have. Special arrangements can be made if we know in advance. This information is shared only with those responsible for the care of your child. Be sure to fill out completely the Health History Record and the Emergency Care Authorization.

**Communication** The Summer Camp Director or Health Officer will contact parents/guardians if there is a concern or issue regarding your child or if a situation arises at camp affecting the health or well being of your camper. In the event of emergency involving your camper you will be notified immediately. Parents, family members and friends of campers are cordially invited to visit during registration and departure only. At other times campers will be fully occupied and family and friends are asked to please refrain from visiting. Phone calls are discouraged. Campers do not have access to telephones for non-urgent calls and are asked **not to bring cell phones**. A phone is available for campers in case of emergency at the discretion of the Summer Camp Director.

**Arrival/Departure:** Most camps begin at 4:00 p.m. Sunday and run through 1:00 p.m. Friday. Weekend camps begin at 6:00 p.m. Friday (with dinner provided by Camp Talahi) and run through 11:00 am Sunday. Please be



on time for both arrival and departures.

**Off Site Activity** Occasionally, a summer camp will offer off site activities as part of their camping program. You will be notified if your child will be leaving camp property and will be asked to sign a permission to transport form.

**Photograph and Video tape permission**

Campers and staff frequently take many photos and videos at camp. Some of these videos and photos are used in publications such as brochures, promotional slide shows and video presentations and on the Camp Talahi web-site. No names are listed.

**Child Release Policy**

Camp Talahi will not release your child to anyone other than you, unless they are listed below. Please bring a photo ID when your child is released. Parents or designated persons will meet their child with their belongings at the lodge as the close of the camp session. After following the check out procedure, all parents/designated persons will receive a pass which they will give to a camp staff member stationed on the camp road. The staff member will check your ID. Should anyone try to leave with a camper and does not have a pass--they will not be permitted to leave until a pass has been issued stating that you are authorized to leave the premises with the camper. If there is a change in the designated person you have listed below, you will need to notify the Summer Camp Director in writing.

Camper Name \_\_\_\_\_

Camp(s) Attending \_\_\_\_\_

Authorized persons

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Will your child be traveling home from camp with a group from your congregation? Circle one YES NO

If yes, please explain \_\_\_\_\_

**DO NOT RELEASE MY CHILD TO:** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**I have read and agreed to Camp Talahi Retreat and Nature Center policies and guidelines and give my child permission to participate in the outdoor ministry program at Camp Talahi. Participation in Camp Talahi Retreat and Nature Center programs can involve the risk of damage and injury, including serious injury, to both people and property. I assume all risk of injury, harm or damage to his/her person or property arising during or in connection with the Camp Talahi Retreat and Nature Center program. I/We have read and agree to abide by these guidelines. Failure to follow these guidelines will result in immediate action to correct the problem.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_



## Camp Talahi Retreat and Nature Center - Howell, Michigan

### Health History and Emergency Care Authorization

The following information is requested so that the camp and the home can work together to meet the physical, intellectual, and emotional needs of the camper. It is also required by the medical care facilities in the area in order to treat the camper if necessary.

Camper's name \_\_\_\_\_ Social security number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Sex M or F Birth date \_\_\_\_\_ Age \_\_\_\_\_

Legal Guardian/Parent name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Legal Guardian/Parent name \_\_\_\_\_ Daytime phone \_\_\_\_\_

#### Insurance Information

Policy Holder's name \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance type \_\_\_\_\_ Group/Contract number \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

**Immunizations:** Michigan law dictates that children enrolled in public schools receive immunizations against a variety of diseases. Has this child received all immunizations as required by Michigan law? Circle One Yes No

If no, please indicate why \_\_\_\_\_

**Allergies:** Please list any known allergies including those to medications, food and environment.

Allergy	Normal reaction and management of reaction
_____	_____
_____	_____
_____	_____

**Restrictions:** Please list any restrictions on the participant's activities, dietary restrictions or other restrictions of which the camp staff should be aware. \_\_\_\_\_

**Emergency Contact Information:** Please list in order of contact preference, who we should contact in case of emergency if unable to reach a legal guardian or parent.

Contact #1 Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact #2 Name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



## Medication Dispensary Form and Health Questionnaire

Campers Name \_\_\_\_\_ Age \_\_\_\_ Camp Session \_\_\_\_\_

**Medications:** All medications must be brought in the original container with the label indicating who the medication is for, the name of the medication and the prescribed dosage and turned in to the health officer. For safety reasons, absolutely NO medications are allowed in the dorms at any time.

Name of Medication	Frequency	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does the camper has permission to be given Tylenol or generic pain reliever/fever reducer as needed?  
Circle one. Yes                      No

In accordance with MCLA Act 116 of the Publics Acts of 1973 and the rules for licensing children’s camps, the following authorization must be signed by a parent or guardian unless there is religious objection. MCLA 77.124a, Section 14a(2) states: “A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, non-surgical medical care.”

I hereby give permission to Camp Talahi Retreat and Nature Center, which is licensed by the Department of Human Services Office of Children and Adult Licensing of the State of Michigan, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care, for the minor child named above, while attending programs at the Camp Talahi Retreat and Nature Center.

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Has/does the participant: Please circle yes or no

1. Yes    No    had any recent injury, illness or infectious disease?
2. Yes    No    have a chronic or reoccurring illness or condition?
3. Yes    No    ever had surgery or been hospitalized?
4. Yes    No    has frequent headaches?
5. Yes    No    ever had a head injury or been knocked unconscious?
6. Yes    No    wear eye glasses, contacts or other protective/corrective eyewear?
7. Yes    No    ever had frequent ear infections?
8. Yes    No    ever had chest pain during exercise?
9. Yes    No    ever had a seizure?
10. Yes    No    ever had back problems?
11. Yes    No    ever had high blood pressure?



12. Yes No ever been diagnosed with a heart murmur?
13. Yes No ever had problems with joints? (Knee, ankles, other)
14. Yes No has an orthopedic appliance which will be brought to camp?
15. Yes No has any skin problems (itching, rash, acne, other)
16. Yes No has diabetes
17. Yes No has asthma
18. Yes No ever been dizzy or passed out during exercise?
19. Yes No had mononucleosis in the past 12 months
20. Yes No had problems with diarrhea or constipation?
21. Yes No is a sleepwalker.
22. Yes No if female, have an abnormal menstrual history?
23. Yes No ever had an eating disorder?

Explain "yes" answers on an additional sheet of paper, noting question number with additional information.

Is there anything else about the camper that you feel we should know? If so, please write on reverse side of this page detailing physical, mental, or behavioral information and indicate any special needs this individual may have.

I certify that this information is true to the best of my knowledge. I hereby give permission to the medical personnel selected by the camp to order x- rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/ my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips off the camp premises.

Signature of Parent/Guardian \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_