

Howell Conference and Nature Center

Day Camp K-5 Confirmation Packet

Registering for camp can be confusing! We understand. In an effort to make the process as organized and painless as possible, we offer you this checklist. Complete the checklist, follow the instructions, and the rest of your camp experience is pure fun!

<p>These documents should be completed and returned to camp. Registration is not considered complete until we have the following on file:</p>

_____ **Completed Registration Form.**

Please make a copy and keep it at home for your reference!

_____ **Deposits for each of the weeks you are registering.**

_____ **Agreement to Participate for Minors**

This is our waiver. Campers must have an up to date, complete waiver on file prior to their first day of camp.

_____ **Permission Slip and Health History Form for Campers**

This is our health form. Campers must have an up to date, complete health form on file prior to their first day of camp.

_____ **Parent Checklist**

Please make a copy and keep it at home for your reference!

This form includes some of the most important information that parents need to be aware of! By initialing each point, parents acknowledge that they understand and agree to abide by the policies and procedures that govern Day Camp. Please make sure to discuss any policies that are relevant to your camper with them before the start of their first day of camp!

<p>These documents should be read over and kept at home:</p>

_____ **What to bring to Summer Day Camp**

This will help you organize that backpack! It details what, and what not, to bring to Summer Day Camp.

_____ **The rules of Day Camp**

We ask that you read and discuss the rules of Day Camp with your child. Knowing what is expected of them, and how they will be protected and respected at camp makes the first day much more comfortable for everyone!

_____ **New at Day Camp for 2008!**

We always strive to make Day Camp suit the needs of our parents and kids! This year, we have made a few changes based on suggestions and we wanted you to know what's new. Please read and discuss these changes with your returning camper.

Thank you for taking the time to complete your registration and turn in all necessary materials! We are so excited to have the opportunity to work with your camper this summer! If you have any further questions after looking over these materials, feel free to contact Natalie, our registrar, at: (517) 546-0249.

Howell Conference and Nature Center

Agreement to Participate For Minors

Group/School Name _____
Name _____ Age _____ Birth Date (Month/Year) _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian's Names _____
Home Phone _____ Work Phone _____ Today's Date _____

I understand that at the Howell Conference and Nature Center, I am expected to follow all the rules as presented by the Challenge Program facilitator, Ropes staff, & EE staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants. I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, tower, zip line, wall climbing courses ("Courses"), Global Village, and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in injuries including, but not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC ") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

/s _____
PARTICIPANT'S SIGNATURE _____ **DATE** _____

I understand that a physician should be consulted before participation in these courses if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the challenge courses. I acknowledge that my child's participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold the **Howell Conference and Nature Center and the Presbytery of Detroit, Inc., its sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the Courses, programs, and activities at HNC.**

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Courses. I understand that any photographs taken of my child participating in the Courses or programs may be used for publicity.

MEDICAL STATEMENT

I recognize that climbing can be a strenuous endeavor requiring my child to be in good physical condition.

I am listing below those conditions my child has that could restrict my child's participation in the Challenge Courses, and activities while at camp at the HNC.

Medications currently taking: _____

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my child's participation in this activity.

IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.

/s _____
PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE _____ **DATE** _____

/s _____
PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE _____ **DATE** _____

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Permission slip and Health History Form for Campers

To be completed by parent or guardian

Dates and name of camp Attending _____

Name _____ Birth date _____ Age at Camp _____
Last First Middle

Home address _____
Street address City State Zip

Gender: Male Female

Custodial parent/guardian _____ Phone _____

Place of work _____ Phone _____ Personal Cell Number _____

Emergency contacts _____

Name Phone Relationship
Address _____
Street address City State Zip

If not available in an emergency, notify _____

Name Phone Relationship
Address _____
Street address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No Policy holder's name _____
Carrier or plan name _____ Policy # _____

Photocopy of front and back of health insurance card should be attached to this form.

Name of family physician _____ Phone _____

Address _____
Street address City State Zip

Important ---- This box must be complete for attendance

Parent/Guardian Authorizations: I give permission for my child to attend the Howell Nature Center camps. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for the camp First Aid personnel to provide routine health care, administer prescribed medications, and first aid treatment on site. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child, in the event I cannot be reached in an emergency. I give permission to the physician or the aforementioned camp First Aid personnel to hospitalize secure proper and/or routine treatment and to order injection, anesthesia, x rays, or surgery for my child in the event I cannot be reached in an emergency. This completed form may be photocopied for trips out of camp. I give permission for my child to be interviewed and pictures taken to be used by the Howell Nature Center or other news media to help with the promotion of the Howell Nature Center camps or related events.

(Signature of parent or guardian) Date _____

(Signature of parent or guardian) Date _____

Restrictions (The following restrictions apply to this individual.) **Does not eat:** Red meat Pork Dairy products
Poultry Seafood Eggs Other _____

Health History

Allergies List all known. Describe reaction and management of the reaction.

Medication allergies (list) _____ **Food** _____ **Other (insect stings asthma, animal)** _____

Medications Being Taken

This person takes NO medications on a routine basis.

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (If prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes medications as follows:

<u>Medication</u>	<u>Dosage</u>	<u>Hours given</u>	<u>Reason</u>

I hereby give permission to administer the over-the-counter medications listed below, or their generic equivalents EXCEPT THOSE I HAVE CROSSED OUT if the Camp Health officers deem it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

- | | | | | | |
|---------|----------|-------------|------------|-----------------|----------------------|
| Tylenol | Benadryl | Cough drops | Tums | Pepto Bismol | Robitussin |
| Motrin | Contac | Eye drops | Aloe Cream | Caladryl lotion | Hydrocortisone cream |

General Questions (Explain "yes" answers below)

Has/does the participant:

- | | Yes | No | | Yes | No |
|---|-----|-----|--|-----|-----|
| 1. Had any recent injury or illness or infectious disease?... | ___ | ___ | 2. Ever been hospitalized?..... | ___ | ___ |
| 3. Have a chronic or recurring illness/condition?..... | ___ | ___ | 4. Ever had surgery?..... | ___ | ___ |
| 5. Have frequent headaches?..... | ___ | ___ | 6. Ever had a head injury?..... | ___ | ___ |
| 7. Ever been knocked unconscious?..... | ___ | ___ | 8. Wear glasses, contacts or protective eye wear?..... | ___ | ___ |
| 9. Ever have frequent ear infections?..... | ___ | ___ | 10. Ever have seizures?..... | ___ | ___ |
| 11. Ever been diagnosed with a heart murmur?..... | ___ | ___ | 12. Ever had back problems?..... | ___ | ___ |
| 13. Have any skin problems? (itching, rash, acne)?..... | ___ | ___ | 14. Have diabetes?..... | ___ | ___ |
| 15. Have asthma?..... | ___ | ___ | 16. Have a history of bed-wetting?..... | ___ | ___ |

Please explain any yes answers, noting the number of the questions. _____

Which of the following has the participant had?

- Measles Chicken pox Mumps German measles Hepatitis A or B or C

Screening Record (For camp use only)	Screened by _____
Date screened _____ Time _____	Meds received _____
Current health needs identified _____	
Observational notes _____	

Howell Conference and Nature Center Day Camp Parent's Contract

I, _____, the parent/guardian of _____

have read and agreed to the following mandatory responsibilities on _____.

Date

In the spaces provided, please initial each item, showing that the following agreement has been read and is understood.

_____ I will drop off my camper between 8:30-9:00 a.m. daily. If an emergency arises making late drop-off necessary, I will call the camp office at (517) 546-0249.

_____ I will pick up my child between 4:00-4:30 p.m. daily. If an emergency arises making late pick-up necessary, I will call the camp office at (517) 546-0249.

_____ I understand that if I am unable to pick up my child by the scheduled time, I will be charged a late pickup fee. The fee will be \$1 per minute from the time of scheduled pickup until the time I arrive. Late fees will be automatically added to my billing, and late fees accumulated in one week must be paid in full before attending another week of camp.

_____ I will provide a proper lunch for my child daily. I will also provide a refillable water bottle to be used all day, every day to maintain hydration.

_____ I will ensure that my child is dressed appropriately and has all necessary gear for the program each day, this includes: swimsuit (it is highly recommended that your child wear their suit under their clothes to save on a long wait at changing time), towel, sweatshirt or sweater, hat, appropriate footwear for activities (sandals are not recommended for any activity, but water shoes may be packed for swim time), and has sunscreen and insect repellent already applied.

_____ I am aware that inappropriate behaviors will not be tolerated. A child exhibiting any of the following behaviors will be immediately suspended from camp: Violence, sexual harassment, endangering the safety of any camper or staff member, any type of discrimination, theft, verbal abuse and possession of any type of weapon. The child's parents will be called to pick up the child immediately. At the end of the camp day, the incident will be reviewed by administrative staff and a determination of the child's eligibility for continued attendance at camp will be made. Parents will be notified of the results of this review. Incidents will be handled on a case by case basis. No refund for any camp fees paid will be issued in the event of a disciplinary expulsion.

_____ I will ensure that my child follows all camp rules and directions of camp staff for their safety, enjoyment and the smooth operation of the program.

_____ I will check my child's belongings each day before drop off and pick up from camp so no personal items are brought, lost or misplaced. Due to the volume of lost and found, we will hold unclaimed, unidentifiable items for one week only. Putting my child's name on every item I send to camp will help avoid this problem.

_____ If I bring my child early or late to camp, I will follow the normal check in and check out procedure, making certain they are in the building or taken safely to their group before departure. I will never leave my camper unattended in the parking lot or grounds, nor will I take them from the property early without notifying camp staff.

_____ I will maintain on file an accurate, fully completed health disclosure form for the safety of my child. I will also file a Hold Harmless agreement. Registration is not complete until this information is in the office.

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Day Camp Parent's Contract continued...

_____ I will make certain that any changes in my child's medical records/emergency phone numbers will be updated immediately to insure the safety of my child. I also understand that in the event of an emergency, the emergency number listed on my child's registration will be called, and then the physician listed on my child's registration form may be called and an ambulance will be called to transport my child to the nearest hospital for care. I further understand that I will be responsible for covering any medical costs that arise from treatment or emergency transportation.

_____ I am aware that full payment of tuition for a Day Camp week is due the Monday prior to the registered week.

_____ I am aware that cancellations will be accepted only by writing via fax, email or personal delivery in the main office, and must be received 48 hours prior to registered day to be eligible for a refund. I understand that refunds will be issued in the form of a credit for future days or weeks of camp, subject to availability. I understand that Day Camp operates rain or shine and will offer activities as weather allows. I understand that there will be no refunds issued for changes in the schedule necessitated by weather issues or unforeseen circumstances.

I have read, understand and can follow these policies.

Signature of parent or legal guardian

Please return this contract along with the application/registration form.

What To Bring To Summer Day Camp



Positive Attitude	Come ready to go and have some fun!!!
Lunch/Drink/Snack	Nothing that needs refrigeration, please! We eat snack twice a day. Morning snack is provided, but Many campers need an afternoon Snack to keep them going!
Swimsuit/Towel	We go to the lake or do water activities daily!
Refillable Water Bottle	This is a MUST in any weather!
Sunscreen/Bug Spray	Camper is responsible for application! We give Frequent reminders but cannot be responsible for the quality of application. Your best bet is to apply it to your Camper before the day begins!
Backpack	This will hold all your gear. Campers are not responsible for carrying this around all day, we have hooks in the lodge for storing it.
Shoes/Socks/Boots	We run, hike, climb etc. Remember we go rain or shine so please send appropriate footwear. No open toed shoes for challenge days, please, and water shoes or “croc’s” are good only for the swim area.
Dress for the Weather	Remember we go rain or shine, and the weather conditions and temperature often vary drastically from morning to afternoon. Please pack for any weather possibility!
Camp Store	The Camp Store will be open for families to visit immediately after camp on scheduled days. Select items will be available for purchase at the registration table at check in and check out daily. We will not be visiting the Camp Store during the day.

PLEASE LABEL EACH AND EVERY ITEM WITH YOUR CAMPERS NAME.

Please do not bring electronics, expensive clothes or shoes, card games, phones, or any one of a kind items as the Howell Conference and Nature Center cannot be held responsible for any lost, stolen, or damaged items.

The Rules of Day Camp



1. Have Fun!
2. Please, no hitting, kicking, biting, licking, pushing, spitting.
If you are having problems with another camper, tell a Counselor.
3. Please do not bring electronic devices to camp.
If you bring one, it will be held until the end of day.
4. Please do not climb any trees.
You could get hurt or end up with poison ivy!
5. Only use the back door to Pineview Lodge.
The parking lot side door is only used for drop off and pick up.
6. Please do not play on rock walls and fountains, fences and gates.
7. Boys in Boy's bathroom, Girls in Girl's bathroom.
While in bathrooms, no turning out lights and no "monkey business", please.
8. Stay behind your counselor while hiking.
9. Please walk on the trails.
10. Pop and Candy can be eaten at lunch only, and only with a parent note.
11. We get your attention by clapping or saying Day-Camp.
12. Please change into your bathing suit at lunch. If you do not have a suit on, you will not be able to swim!.
13. Please ask permission to go behind the partition wall into the hallway.
14. The office space in Pineview is off limits to campers.
15. The kitchen space in Pineview is off limits unless you are being seen by the Health Officer or participating in an activity.
16. Please help us care for our Nature Center by not picking any plants or picking up any small creatures.
17. Always stay with your counselor and let them know where you are.
18. Wash your hands frequently to help prevent the spread of germs.
19. If you take items out, put them away (games, sports balls, sand toys).
20. Know emergency procedures:
Fire Alarm: 1 Blast on the air horn. Go to Office for regrouping and instructions.
Lost Camper: 2 Blasts on the air horn. Go to Office for regrouping and instructions.
Tornado: 3 Blasts on the air horn. Tuck and cover behind wall in Pineview Lodge.
21. Know the consequences of breaking the rules:
1st offence : Counselor will talk to Camper.
2nd offence: Camper will have a time-out from activity.
3rd offence: Camper's parents will be called. Camper may be asked to leave.
Any violent behavior and Camper will be asked to leave immediately.
22. Please keep your backpack clean, and keep loose items on your hook.
23. Keep your drinking water in your water bottle. Leave the squirting for water fights!
24. Drink lots of water, filling up frequently at the water jug. When filling up, take care not to touch the spout with your water bottle to avoid spreading germs.
25. Eat only your own snacks and food, and please don't share with others. Someone may be allergic to ingredients in your lunch and become ill.
26. Please keep your clothing and hats to yourself. Sharing these items is not a good plan!

