

# SUMMER ADVENTURE CAMP

Please read over the enclosed information thoroughly and carefully. There are some forms to complete, guidelines to follow and important times to note.

**Drop-off and Pick up are in the Annex at the Field House.** Campers may be dropped off between 7 AM and 9 AM. Campers may be picked up between 4 PM and 6 PM. Breakfast and lunch are provided daily.

If you have any questions about the enclosed information, please call the camp office between 9:30 a.m. and 5 p.m. Monday through Friday at 517-688-3783 or email [info@somersetbeach.org](mailto:info@somersetbeach.org).

## HOW TO PACK

Please send your camper each day with a backpack or bag to hold his or her belongings for the day. Please label the bag and all belongings with your child's first and last name. These simple measures will help prevent items from getting lost or misplaced.

## WHAT TO PACK

Be sure that your camper wears recreational clothing: casual, but appropriate (Please no short shorts or bikinis). You may want to send an extra change of clothes just in case. Your camper will also need a swimsuit and towel.

## NECESSARY MEDICATION

Be sure to bring all necessary medications and prescribed medicine. All medications will be collected by SBC staff during drop off. Please have them ready at that time!

## SPORTS EQUIPMENT

If you'd like, your camper can bring a ball glove, fishing pole, swimming items, etc. to use during his or her free time. Be sure each item is marked with your camper's name.

## WHAT NOT TO PACK

Valuables

Drugs, including over-the-counter medications (leave prescription medication with SBC staff at drop off)

Electronics, including, but not limited to: Radios, CD players, gaming devices, ipods, MP3 players, or cell phones. If a camper brings any of these, we will store them in a safe place until his or her departure.

## TRADING POST

Snack items are available at camp, as well as shirts, hats, sweatshirts, stamps, and many new souvenir items. Money may be left in an account for your camper. You may send it ahead of time, or leave it during drop off. Campers will have a chance to visit the Trading post periodically throughout the week.

## MEDICATION & INHALERS

Please do not pack any medications or inhalers in your child's bag. If your child requires prescription medications while at camp, please bring an adequate supply of the medication in the original, clearly labeled prescription container with you to registration. State law prohibits us from accepting medications in any other pill case or container. Medications are secured in our health office and distributed according to instructions by a camp health officer. There is no need to send any over-the-counter remedies. We keep these items in our health office.

## PAYMENT AND ATTENDANCE

A deposit is holding your child's spot, but the balance is due at least one week prior to your child's attendance.

Your payment, minus the deposit, is refundable as long as cancellation is made a minimum of one week prior to your child's attendance.

Your payment, minus the deposit, is transferable if cancellation is made by email or phone message before 7 AM on the day they are scheduled to attend. Failure to cancel will result in the loss of payment.

PHOTOS ARE POSTED PERIODICALLY ON OUR  
FACEBOOK PAGE! VISIT [WWW.SOMERSETBEACH.ORG](http://WWW.SOMERSETBEACH.ORG) TO  
FIND OUT MORE!

# IMPORTANT FORMS

PLEASE SUBMIT ONE FORM PER CAMPER!

## ☐ HEALTH HISTORY FORM

The enclosed *Health History Form* must be completed for each camper and returned to the camp office two weeks prior to the opening day of camp. Campers cannot be admitted to camp without a completed health form.

## ☐ RELEASE FORM

By order of the Child Protection Laws of the State of Michigan, we can only release campers to persons authorized by the camper's parent or legal guardian.

1. Please return the Authorization for Release Form two weeks prior to the opening day of camp.  
**Campers cannot be admitted to camp without a completed form.**
2. List all persons to whom you are authorizing SBC to release your child. We cannot release your child to persons not listed on the form -- including members of your immediate family.
3. Campers being transported by a church vehicle must list the driver by name or as "authorized church bus driver."
4. **KEEP THE CHANGE IN AUTHORIZATION FOR RELEASE FORM AND USE IT ONLY WHEN THERE IS A CHANGE IN AUTHORIZED PERSONS.**

## ☐ ZIP LINE WAIVER

Our campers have the opportunity to ride the zip line during their time at camp. Please sign the Zip Line Waiver form to allow your camper to participate.

[www.somersetbeach.org](http://www.somersetbeach.org)

# 2017 Camper Health History Form

Somerset Beach Campground

For Office Use Only:

DC 1 2

EC 1 2 3

YT 1 2 3

ST TC ADV

Room #

Counselor

The purpose of this health form is to assist Somerset Beach Health Care Staff in identifying appropriate care. The information in this form will only be available to staff who will be working with your camper. This health form is required for camp attendance and must be completed by the parent/guardian of each camper. Health forms from last year are not valid for this year.

PLEASE PRINT! Complete both sides of this form.

☐ Male

☐ Female

Camper's Last Name

Camper's First Name

Camper's Middle Initial

Height  feet  inches Weight  lbs. Date of Birth  /  /  Age  *at the time they will be at camp.*

M M D D Y Y

Home Address

Street Address

City

State

Zip Code

Custodial Parent/Guardian(s) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employed by \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

## HEALTH HISTORY (Attach a separate sheet if necessary.)

Medication Allergies \_\_\_\_\_

Reaction and Treatment \_\_\_\_\_

Food Allergies \_\_\_\_\_

Reaction and Treatment \_\_\_\_\_

Other Allergies (please include plant, animal, etc.) \_\_\_\_\_

Reaction and Treatment \_\_\_\_\_

Please check "yes" for each one you currently have or have had in the past:

YES	NO		YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Problem	<input type="checkbox"/>	<input type="checkbox"/>	Sleepwalking
<input type="checkbox"/>	<input type="checkbox"/>	Athlete's Foot	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Special Diet
<input type="checkbox"/>	<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	Measles - German	<input type="checkbox"/>	<input type="checkbox"/>	Stomach Aches
<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Measles - Regular	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis
<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	<input type="checkbox"/>	Convulsions or Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Muscle or nerve disorder	<input type="checkbox"/>	<input type="checkbox"/>	Any Current Infectious Diseases
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability			
<input type="checkbox"/>	<input type="checkbox"/>	Earaches	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever			

Briefly explain each YES above. Be sure to define the treatment for each one.

Briefly explain any operations or injuries your child has had:

Is there a history of emotional or behavioral conditions we should be aware of to better assist your child?

Answer only if you are sending your DAUGHTER to camp:

YES NO

☐ ☐ Has your daughter been told about menstruation?  
☐ ☐ Has your daughter menstruated?

Is there any reason your child should NOT sleep in a top bunk?

☐ YES ☐ NO

## MEDICATION

List name and purpose of all prescription and/or over the counter medications camper will be bringing to camp. NOTE: ALL DRUGS MUST REMAIN IN THE ORIGINAL CONTAINER. ALL PRESCRIPTION MEDICATIONS MUST BE IN A PHARMACY-LABELED CONTAINER WITH THE CAMPER'S NAME ON IT. LOOSE PILLS WILL NOT BE ACCEPTED. Be sure containers are clearly marked with the name of the camper, medication name and dosage. Our Health Officers will have most over-the-counter medications available.


## IMMUNIZATIONS

	Polio	DPT*	MMR*	Hepatitis B	Other	
Date immunization completed	_____	_____	_____	1. _____ 2. _____ 3. _____	_____	
Date of most recent booster	_____	* MMR = Measles, Mumps, Rubella * DPT = Diptheria, Pertussis, Tetanus				

## MEDICAL EMERGENCY CARE AUTHORIZATION

The information given in this form is complete and accurate to the best of my knowledge. I hereby give my permission for my camper to participate in all camp activities.

I hereby give my permission for Somerset Beach Campground to use or disclose my health information to necessary staff and any volunteer or paid health care professional or facility for diagnosis, treatment, health care needs, emergency medical care or coverage information for my camper.

I authorize Somerset Beach Campground, a licensed children's camp by the State of Michigan, to secure emergency medical and surgical treatment as well as routine, non-surgical medical care for my minor child while at camp.

I further consent to any routine or other nonsurgical medical care that my child may be required to undergo, either due to circumstances previous to or during the camp session.

I understand that the Health & Safety Manager and/or the Camp Director reserves the right to send home a camper whose medical condition becomes unmanageable and/or places the camper or Somerset Beach at risk in the camp environment.

In addition, Somerset Beach Campground also has permission to utilize all pictures taken of my child by either photographic, video or digital means, for the purpose of promoting the total ministry of the camp.

Parent/Guardian Signature required here



\_\_\_\_\_ Date



\_\_\_\_\_

## To be completed by Camp Medical Officer:

- |   |   |
|---|---|
| 1. Medication required _____<br>Dosage & Frequency _____<br>_____ | 4. Medication required _____<br>Dosage & Frequency _____<br>_____ |
| 2. Medication required _____<br>Dosage & Frequency _____<br>_____ | 5. Medication required _____<br>Dosage & Frequency _____<br>_____ |
| 3. Medication required _____<br>Dosage & Frequency _____<br>_____ | Notes:  |

Findings:

Visual \_\_\_\_\_

Verbal \_\_\_\_\_

NEG. HLC \_\_\_\_\_

In compliance with Michigan State Law, the following procedure has been completed:

- |  |   |
|--|---|
| 1. Prescription drugs and medications have been checked in.              | 2. The health history has been reviewed.          |
| 3. A brief discussion regarding current health needs has been completed. | 4. The camper's physical state has been observed. |

Medical Officer's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

# 2017 Authorization for Release

## Somerset Beach Campground

For Office Use Only:

DC	1	2
EC	1	2 3
YT	1	2 3
ST	TC	

Room #

\_\_\_\_\_

This form lists all people who are authorized to pick up your child from camp. Please list yourself, your spouse and any other person who is authorized to pick up your child in the event that you are not able to do so.

PLEASE PRINT!

Camper's Last Name

Camper's First Name

Camper's Middle Initial

I hereby authorize the staff at Somerset Beach Campground to release my child to the care and custody of any person named below. Somerset Beach is relieved of all care and responsibility to the above named camper upon departure from camp.

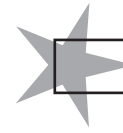
Note: Please remember to list ALL people who could possibly pick up your child from camp, including yourself! If a child is driving himself or herself to camp, please list your child's name as well.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Parent/Guardian Signature required here



Date



For Office Use Only:

\_\_\_\_\_  
Signature of the person to whom the camper was released

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the person to whom the camper was released

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the person to whom the camper was released

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the person to whom the camper was released

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the person to whom the camper was released

\_\_\_\_\_  
Date

☐ Please see nurse for medications

# Permission to ride the Zip Line

Somerset Beach Campground

For Office Use Only:  
EC 1 2 3  
YT 1 2 3  
ST TC

PLEASE PRINT!

Rider's Last Name

Rider's First Name

Rider's Middle Initial

I wish for myself or my child (named above) to ride the zipline installed at Somerset Beach Campground (SBC). A zip line on cable slide involves descending on an elevated cable. Participants are attached to a commercially produced trolley made for this activity, by way of a full body harness and teather strap. Helmets are provided and must be worn by participants. Camp staff are trained to safely conduct this activity to minimize the risk of injury.

A zip line does involve certain risks of personal injury or death, from causes including but not limited to, falls, slips, striking objects at high speed, being struck by others using the zip line, and injuries from malfunctioning equipment.

In return for Somerset Beach Campground allowing me to use the zip line, I hereby waive, release and discharge any claims that I or my spouse (if applicable), as well as my heirs, estate, executors, successors or assigns, may have as the result of any injury or death to a person or any property damage which may occur when I use the SBC zip line, whether foreseen or unforeseen. This release and waiver extends to Somerset Beach as well as to its officers, board members, employees, agents, and volunteers (the "Released Parties").

I agree that I will not bring any claim or action against the Released Parties as the result of any personal injury, death or property damage resulting from the use of the SBC zip line. I also agree to hold the Released Parties harmless and to indemnify and defend them from any claims brought against them by anyone as the result of any injury to person or damage to property that results from my using the zip line at SBC, including all costs and attorney fees.

I have carefully read this waiver and release of liability and understand its contents. I am aware that by signing this release I am waiving certain legal rights for myself and for my minor child, including the right to sue the Released Parties.

Parent/Guardian Signature required here



Date

