

MICHINDOH 2019 SUMMER CAMP REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Grade Completed _____ Birthdate ____/____/____ Gender: Male Female

Parent/Guardian _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Cell Phone (____) _____ - _____ Email Address _____

Home Church _____

City _____ State _____ Zip _____

Cabin Mate (No more than 2) _____

Michigan state regulations require the name of the person(s) to whom we may release your child. Please release my child to:

<input type="checkbox"/>	Day Camp #1	Ages 5-10	July 8-12	\$105
<input type="checkbox"/>	Day Camp #2	Ages 5-10	July 15-19	\$105
<input type="checkbox"/>	Day Camp #3	Ages 5-10	July 22-26	\$105
<input type="checkbox"/>	Day Camp #4	Ages 5-10	July 29-Aug 2	\$105
<input type="checkbox"/>	Day Camp #5	Ages 5-10	Aug 5-9	\$105
<input type="checkbox"/>	Discovery Camp	Ages 7-9	July 3-5	\$135
<input type="checkbox"/>	Explorer Camp #1	Ages 9-13	July 14-19	\$265
<input type="checkbox"/>	Explorer Camp #2	Ages 9-13	July 28-Aug 2	\$265
<input type="checkbox"/>	Explorer Camp #3	Ages 9-13	Aug 4-9	\$265
<input type="checkbox"/>	Adventure Camp	Ages 12-14	July 21-26	\$284
<input type="checkbox"/>	High Adventure Camp	Ages 14-18	July 7-12	\$284

In case of emergency, please provide the following information:

Health Ins Co: _____ Contract/Group# _____/_____

Address _____

Required for each camper: I hereby give my permission to Michindoh, licensed by the State of Michigan Family Independence Agency, to secure necessary emergency medical and surgical treatment and to provide routine, nonsurgical medical care for the minor child named on this form while attending camp. I release all photos, videos and audio tapes of my child at Michindoh for promotional purposes such as brochures, videos, web pages, etc. I certify that this information is true to the best of my knowledge.

Mail your registration with a minimum of a \$50 non-refundable deposit.

Parent/Gaurdian Signature _____

Date _____