

MICHINDOH 2020 SUMMER CAMP REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Grade Completed \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX:  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	June 29-July 3	\$105
<input type="checkbox"/>	Day Camp #2	Ages 5-10	July 6-10	\$105
<input type="checkbox"/>	Day Camp #3	Ages 5-10	July 13-17	\$105
<input type="checkbox"/>	Day Camp #4	Ages 5-10	July 20-24	\$105
<input type="checkbox"/>	Day Camp #5	Ages 5-10	July 27-31	\$105
<input type="checkbox"/>	Discovery Camp #1	Ages 7-9	June 28-30	\$135
<input type="checkbox"/>	Discovery Camp #1	Ages 7-9	July 1-3	\$135
<input type="checkbox"/>	Explorer Camp #1	Ages 9-12	June 21-26	\$270
<input type="checkbox"/>	Explorer Camp #2	Ages 9-12	June 28-July 3	\$270
<input type="checkbox"/>	Explorer Camp #3	Ages 9-12	July 5-10	\$270
<input type="checkbox"/>	Explorer Camp #4	Ages 9-13	July 26-31	\$270
<input type="checkbox"/>	Adventure Camp	Ages 12-14	July 19-24	\$289
<input type="checkbox"/>	High Adventure Camp	Ages 14-18	July 12-17	\$289

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 \_\_\_\_\_