

Register for Summer Camp or Day Camp Programs on this form!

Please see Camp Cavell's website for all up-to-date program dates and fees.

Direct Links

Home Page- www.campcavell.org

Program Dates - www.campcavell.org/dates

Program Fees - www.campcavell.org/fees

Questions? Email: office@campcavell.org

Program Name & Date(s)

Full Name _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

We will need your Email to set-up a Camp Account

Email _____

Your email will be your user name

Change when you get home!

Temporary password: **changepassword**

Emergency Contact:

Full Name _____

Phone Number _____

Relationship _____

Camp is nut-free. Do you have special dietary needs in your family?

Cabin Mate(s): Must be within 2 years of each other

Free T-Shirt Size: i.e Youth Small

Horse Lessons: \$40.00 a person, 45 mins with 4 campers in the class-1 lesson per week

Transportation:

You are welcome to drive your child up to camp or you can arrange for a seat in our camp bus for a fee of \$75 round trip and \$38 for one-way.

IF OWN TRANSPORTATION...

DROP OFF at camp is Sunday from 3:30-4:30 pm.

PICK UP at camp between 6-7 pm on Friday.

IF RIDING THE CAMP BUS...

Please arrive 20 minutes early to complete check in.

Condense luggage and packages as much as possible. Campers must wear seat belts and behave in an appropriate manner.

Bus departs...

NATIONAL CONEY ISLAND

27027 Gratiot, Roseville, MI 48066 (I-696 & Gratiot)

Sunday at 1:00 pm for Camp Cavell

Bus returns...

Friday at 8:30 pm (same place)

Payment Choices:

Check: Camp Cavell Conservancy

Cash

Credit Card

Exp: ____ / ____ Security Code: _____

Signature: _____

Amount \$ _____



Day Camp Health Form

For:

Day Camp Health Form

About Health Care for Day Campers:

- At minimum, a staff member with First Aid and CPR is at camp when campers are present.
- Campers should arrive ready to participate in the program. Should your camper be unable to participate, parents will be contacted.
- Campers should bring - and use - insect repellent (minimum 30% DEET) and sunscreen (minimum 30 SPF)
- Medications should be in original containers, current, and in camper's name. They will be administered by the Camp Health Director or designee whom has had health training. We have over the counter medications so you do not need to send them along. Children must turn in ANY medication to the Camp Health Director.

Allergies

No known allergies

This camper is allergic to

Food

The environment (insect; stings; hay fever etc.)

Medicine

Other

Please describe below what the camper is allergic to and the reaction seen

Diet, Nutrition

Diet, Nutrition

This camper eats a regular diet

This camper has special food needs.

This camper eats a regular vegetarian diet

Please describe below

Asthma

Does this child have asthma?

Yes

No

If Yes,

For: _____

What triggers your child's asthma?

Does your child need staff help to use that rescue inhaler? Yes No

Will your child carry a rescue inhaler during the camp session? Yes No

Immunization

Date (month & year) of your child's most recent tetanus immunization

List the medications that your camper takes on a routine

List the medications that your camper takes on a routine basis **and** the reason for taking the medicine.

On the next Form you will write dosage

This camper takes no routine medication

Insurance Information

Insurance Company

Insurance Number

Insurance Group

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Check the medication(s) the camper should **NOT** be given.

For: _____

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil; Motrin) |
| <input type="checkbox"/> Phenylephrine decongestant (Sudafed PE) | <input type="checkbox"/> Pseudoephedrine decongestant (Sudafed) |
| <input type="checkbox"/> Antihistamine/allergy medicine | <input type="checkbox"/> Guaifenesin cough syrup (Robitussin) |
| <input type="checkbox"/> Diphenhydramine antihistamine/allergy medicine (Benadryl) | <input type="checkbox"/> Dextromethorphan cough syrup (Robitussin DM) |
| <input type="checkbox"/> Sore throat spray | <input type="checkbox"/> Generic cough drops |
| <input type="checkbox"/> Lice shampoo or cream (Nix or Elimite) | <input type="checkbox"/> Antibiotic cream |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Aloe |
| <input type="checkbox"/> Laxatives for constipation (Ex-Lax) | <input type="checkbox"/> Bismuth subsalicylate for diarrhea (Kaopectate; Pepto-Bismol) |

Contact Information

We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent

Phone

Alternate Contacts

Name, Relationship, Phone Number

What Have We Forgotten to Ask?

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program

Parent/Guardian Authorization

This information is correct and I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Camper Agreement

I understand and agree to abide by any restrictions placed on my activity at camp.

Signature _____

Date _____



Day Camp Waivers

For:

Adventure Activities Waiver

My child has my permission to participate in the following adventure activities. I understand that if I don't check a box that my child WILL NOT be able to participate in the program. During both the Horseback Riding and Technical Tree Climbing activity helmets will be provided. During Horseback Riding they are in a riding ring with an experienced trainer and an assistant. In Technical Tree Climbing the kids wear safety harnesses and can go up to 25 feet into the trees under the supervision of trained personnel. During Kayaking your camper may be placed with a counselor depending on size, comfort level, and ability. They are accompanied in the water at all times with a lifeguard. At no time will your child be in a kayak in the water alone.

My child has my permission to participate in the following Adventure Activities.

Horseback Riding Technical Tree Climbing Kayaking

Mud Hike Waiver

Day Campers may participate in our weekly mud hike. This mud hike is nothing strenuous; we take the children up our creek from the lake through the woods. At the very end of the hike we have what we call the mud slide. The slide is made of clay and slides down into the creek.

Yes my child has my permission No my child does not have my permission

Sunscreen Waiver

Please be advised that your child will be outside in the sun for a portion of the day while at Camp Cavell. We ask that you help in this effort by applying sunscreen to your child before you drop them off in the morning. We make all efforts to ensure that each and every child is protected with sunscreen before going to the beach. We will reapply sunscreen after lunch. To help with this we ask that you send waterproof sunscreen with your child and advise your child that their cooperation in reapplication is appreciated and necessary.

I DO want my child to have sunscreen reappplied I DON'T want my child to have sunscreen reappplied

Traveling Off Camp

I understand that my child may travel off camp in camp-designated vehicle for off site trips at a local playground and/or private pond in the area. Camp policies and procedures will be in effect on any trip and a minimum of 1 adult staff member and 1 counselor in training per 9 children will accompany the group. A first aider with CPR will be present at all times. Staff will have an emergency phone.

Day Camp Waivers (continued)

For: _____

- Yes my child has my permission No my child does not have my permission

Photographed

I give my permission for my child to be photographed or videotaped and allow the camp to release said pictures for publicity purposes using good judgment.

- Yes No

Agreement

We have read and understand this agreement and its contents. We are aware that by submitting this registration form we understand that this is a release of liability and a contract between us and the YWCA, Camp Cavell Conservancy and for its affiliated organizations and sign of our own free will. We agree to cooperate with the Camp Cavell Conservancy policies and will not hold the camp responsible within reason for sickness or accident incurred in transit or at camp.

Sorry no pets, alcoholic beverages, illegal drugs, firearms, smoking in buildings, or open fires allowed.

I hereby attest that the information above is complete and accurate and that I agree to the terms and conditions above.

Signature _____ Date _____