

# 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](http://www.campcavell.org)

Program Dates - [www.campcavell.org/dates](http://www.campcavell.org/dates)

Program Fees - [www.campcavell.org/fees](http://www.campcavell.org/fees)

Questions? Email: [office@campcavell.org](mailto: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 \_\_\_\_\_



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## Parent & Camper Information

For:

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Please fill out the Parent Section and then have (or assist) your child in completing the Camper Section!

**IMPORTANT NOTE:**

Your child's health and welfare are very important to us. You know your child better than anyone. We are counting on your help to make this experience a successful one for you and your child.

Please be thorough and add any information you feel will help. Don't worry, camp is a safe wholesome place and we will certainly consult you if your child is having problems that we cannot take care of at camp without guidance from you.

### Parent Section

Past experience away from home? (camp, friends, grandparents etc.)  
Where, Length, With Whom, Age at time.

What can you send along that will make his/her cabin "homey"?

What time does she/he go to bed?

What can we do to make her/him feel more comfortable? (tuck-in, help with letters, hair, etc.)

What food is she/he allergic to and should not be asked to "Try Our Cooking?"

Any strong fears we should be aware of?  
(dark, water, storms, bugs, animals, etc.)

How much time does your child usually spend:  
Alone?  
With one or two others?  
A group?

Describe her/his personality:

For:

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RESERVED

H=Highly  
 S=Somewhat

N=Not so much

OUTGOING

H=Highly  
 S=Somewhat

N=Not so much

SHY

H=Highly  
 S=Somewhat

N=Not so much

EMOTIONAL

H=Highly  
 S=Somewhat

N=Not so much

LISTENER

H=Highly  
 S=Somewhat

N=Not so much

ACTIVE

H=Highly  
 S=Somewhat

N=Not so much

ENERGETIC

H=Highly  
 S=Somewhat

N=Not so much

LIKABLE

H=Highly  
 S=Somewhat

N=Not so much

LEADER

H=Highly  
 S=Somewhat

N=Not so much

SENSITIVE

H=Highly  
 S=Somewhat

N=Not so much

FOLLOWER

H=Highly  
 S=Somewhat

N=Not so much

FUNNY

H=Highly  
 S=Somewhat

N=Not so much

TEMPERAMENTAL

H=Highly  
 S=Somewhat

N=Not so much

What would you like to see cultivated or developed in your child?



Parent & Camper Information (continued)

For:

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How might your child act out if she/he is frustrated or upset and how do you resolve it? It helps counselors if you can share as much of your experience as possible.

What aches and pains are "normal" and what do you do about them?  
Any medical or behavioral problems we should be watching for and contact you if they occur?

Please rate your child's pain threshold?

Complains Quickly

Usually doesn't say; unless serious

Average

**GIRLS:**

The camp environment and the change in life-style sometimes triggers or changes menstrual periods. Please let her know the camp staff are ready to help!

Has your daughter started?

Yes

No

Is she prepared with supplies?

Yes

No

Have you explained it to her?

Yes

No

What does she take or do for cramps?

**Camper Section**

We hope you are excited about camp! Time goes quickly once you're here, so help us get an idea of your interest so we can be ready for you!

Please list the members of your household: Name, Age, Relationship  
(Don't forget your pets)

What 3 favorite things are you bringing?

What are your 3 favorite meals/foods?

List two of your hobbies?

What do you like most about going to camp?

For:

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How many letters are you planning to write? To whom?

What do you think it takes to make new friends?

What do you think it takes to live with other kids your age, what cabin rules would you make?

- Please put a check by the activities you would like to do at camp
- |  |  |
|--|--|
| <input type="checkbox"/> Waterfront            | <input type="checkbox"/> Arts & Crafts         |
| <input type="checkbox"/> Writing               | <input type="checkbox"/> Overnight Camp Outs   |
| <input type="checkbox"/> Adventure Skills      | <input type="checkbox"/> Dancing               |
| <input type="checkbox"/> Archery               | <input type="checkbox"/> Singing               |
| <input type="checkbox"/> Night Hikes           | <input type="checkbox"/> Wood Shop             |
| <input type="checkbox"/> Team Challenge        | <input type="checkbox"/> Conservation Projects |
| <input type="checkbox"/> Reading/Story Telling | <input type="checkbox"/> Outdoor Cooking       |
| <input type="checkbox"/> Fishing               | <input type="checkbox"/> Exploring             |
| <input type="checkbox"/> Fire Building         | <input type="checkbox"/> Horseback Riding      |
| <input type="checkbox"/> Hiking                | <input type="checkbox"/> Tennis                |
| <input type="checkbox"/> Collecting Shells     | <input type="checkbox"/> Feed the Farm Animals |
| <input type="checkbox"/> Creek Hike            | <input type="checkbox"/> Tree Climbing         |
| <input type="checkbox"/> Pizza Party           |  |

Other activities you would like to do/see at camp.

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association,  
American Academy of Pediatrics Council on School Health, &  
Association of Camp Nurses

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Month/Day/Year

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Home: \_\_\_\_\_

**Allergies:** This camper is allergic to: \_\_\_\_\_  
*(Please describe below what the camper is allergic to and the reaction seen.)*

**Diet, Nutrition:** \_\_\_\_\_  
*(Please describe below.)*

**Restrictions:** \_\_\_\_\_  
*(Please describe below.)*

## **Medical Insurance Information:**

This camper is covered by family medical/hospital insurance: \_\_\_\_\_

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number \_\_\_\_\_

## **Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
 First Middle Last  
 Birth Date: \_\_\_\_\_  
 Month/Day/Year

**Immunization History:** Provide the month and year for each immunization. Starred ( ) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)		
Tetanus booster (dT) or (TdaP)		
Mumps, measles, rubella (MMR)		
Polio (IPV)		
Haemophilus influenzae type B (HIB)		
Pneumococcal (PCV)		
Hepatitis B		
Hepatitis A		
Varicella (chicken pox)   Had chicken pox Date:		
Meningococcal meningitis (MCV4)		

Tuberculosis (TB) test | Date: | Result:

**If your camper has not been fully immunized, please sign the following statement:** I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medication:**

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given

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. **List those the camper should not be given:**

# CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_  
Month/Day/Year

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the camper:

- |  |  |
|--|--|
| 1. Ever been hospitalized? .....                   | 11. Had fainting or dizziness? .....                         |
| 2. Ever had surgery? .....                         | 12. Passed out/had chest pain during exercise? .....         |
| 3. Have recurrent/chronic illnesses? .....         | 13. Had mononucleosis ("mono") during the past 12 months?... |
| 4. Had a recent infectious disease? .....          | 14. If female, have problems with periods/menstruation?..... |
| 5. Had a recent injury? .....                      | 15. Have problems with falling asleep/sleepwalking? .....    |
| 6. Had asthma/wheezing/shortness of breath?.....   | 16. Ever had back/joint problems?.....                       |
| 7. Have diabetes? .....                            | 17. Have a history of bedwetting?.....                       |
| 8. Had seizures? .....                             | 18. Have problems with diarrhea/constipation?.....           |
| 9. Had headaches? .....                            | 19. Have any skin problems?.....                             |
| 10. Wear glasses, contacts, or protective eyewear? | 20. Traveled outside the country in the past 9 months?.....  |

**Please explain "Yes" answers in the space below** noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

**Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.**

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? .....
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?.....
3. During the past 12 months, seen a professional to address mental/emotional health concerns?.....
4. Had a significant life event that continues to affect the camper's life?.....  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

**Please explain "Yes" answers in the space below,** noting the number of the questions. The camp may contact you for additional information.

**Health-Care Providers:**

Name of camper's primary doctor(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of dentist(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of orthodontist(s): \_\_\_\_\_ Phone: \_\_\_\_\_

**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. **Attach additional information if needed.**

**Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.**





## Photograph / Adventure Activities Waiver

For:

### Photograph / Videotape Waiver

I give my permission for my family to be photographed or videotaped, and allow the CAMP to release said pictures for publicity purposes using good judgment

Yes  No

### Adventure Activities

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

### Traveling Off-Camp

I understand that my child may travel off camp in camp-designated vehicle for; routine medical care, off site trips or overnights at a local campground 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.

Yes  No

### Personal Belongings

I understand that camp is not responsible for campers personal belongings and they may be searched by an administrative staff member with the camper present when the well being, or safety of the campers or others requires it.

Yes  No

### Agreement

For:

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

Signature \_\_\_\_\_ Date \_\_\_\_\_