



*Youth Camps are planned to allow opportunities for all youth to make lasting memories as they experience God in a safe, peace-building community, while enjoying nature, fun, fellowship and friends. Campers develop as disciples through worship, learning, and adventure in a beautiful, inviting, and casual setting.*

*All Community of Christ Campgrounds in Michigan are licensed and inspected by local health departments, and camp programs are licensed and inspected by the Michigan Department of Licensing and Regulatory Affairs. All youth camps are staffed by individuals who are Community of Christ Registered Youth Workers and pass a state criminal background check and child abuse registry clearance.*

*Blue Water Campground is located at 7291 County Farm Rd, Lexington, MI 48450.  
Park of the Pines is located at 4094 Springwater Beach Rd, Boyne City, MI 49712.  
Sanford Campground is located at 3500 N West River Rd, Sanford, MI 48657.*

Contact Winnie Johnston, Youth Camp Coordinator, at [winnie@cofchristmi.org](mailto:winnie@cofchristmi.org) with any questions about youth camps.

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### **2018 Summer Youth Camps**

Camps sponsored by the Michigan Mission Center for each grade level are listed below. Fees are based on a \$50 per night budget to include all costs for camps (lodging, meals, snacks, programming, staff, etc.). Mission Center Youth Camp Scholarships are available for all campers who have financial need. Many congregations also provide funding to help youth attend camp.

A 10% discount off the listed fee will be applied if you register at least two weeks prior to the first day of camp. First time campers will receive an additional 10% discount off the listed camp fee. A deposit of \$25 (or the full amount) must be paid at the time of registration to receive the early discount. The deposit is refundable if cancellation is received at least two weeks prior to the start of camp.

#### Senior High Camps (Grades 10, 11, 12, Just Graduated)

July 1 – 7 @ Park of the Pines – Director Jamie Lis – Cost \$300

July 8 – 14 @ Blue Water – Director Rich Allen – Cost \$300

July 8 – 14 @ Sanford – Director Ben Crowley – Cost \$300

#### Junior High Camps (Grades 7, 8, 9)

July 15 – 21 @ Blue Water – Director Kelly Christian – Cost \$300

July 15 – 21 @ Sanford – Director Amber Billman – Cost \$300

July 22 – 28 @ Park of the Pines – Director Megan Hacker – Cost \$300

#### Junior Camps (Grades 3, 4, 5, 6)

June 24 – 28 @ Blue Water – Director Alley Lentz – Cost \$200

June 28 – July 1 @ Sanford (Early Junior – Grades 2,3,4) – Director Karyn Randall – Cost \$150

July 8 – 12 @ Park of the Pines – Director Ruth Eaton – Cost \$200

July 22-26 @ Sanford (Late Junior – Grades 5,6) – Director Dana Thering – Cost \$200



**Camp Registration Information**

**Deposit:** A \$25 deposit and fully completed forms (either online or paper) are required to complete registration. The registration forms and deposit must be received two weeks prior the first day of camp to receive the 10% early registration discount. Registration deposits are refundable if cancellation is made at least 14 days prior to the first day of camp.

**First Time Camper Discount:** Campers attending a Community of Christ youth camp for the first time will receive a 10% discount off the listed registration fee.

**Scholarships:** Camp Scholarships in the amount of \$75 for junior camps and \$150 for junior high and senior high camps are available through the Michigan Mission Center for campers with financial need. Scholarship applications are available at <http://CofChristMI.org/youth-camps>. Applications must be submitted at least two weeks prior to the first day of camp. Local congregations may offer additional funding or support for youth campers. Please contact the pastor or financial officer of your local congregation for more information.

**Late Arrivals:** It is the responsibility of a camper's parent or guardian to make arrangements before the beginning of camp to admit the camper as a late arrival or arrange for an early pick-up. This can be done by e-mail or by telephone with the camp director after registration is submitted. Camp fees are not reduced for campers who arrive late or leave early.

**Part-time Attendance:** Some campers have desired to attend camp and to work a job, participate in school athletics or to take academic courses such as summer school or driver's education. The camper needs to contact the camp director BEFORE camp to explain the specific situation. The camp director will decide whether part time attendance at camp will be allowed.

**Health Information:** In accordance with state law, the Registration Form and the Health History Record included in the registration forms must be completed and on file for all campers. This includes a copy of the camper's insurance card and immunization record. Campers who do not have this documentation cannot be allowed to stay for the camping experience. PLEASE be sure that all health information is complete. If you do not include copies of the insurance care and immunization record with registration, you must bring a copy to on-site registration. All information is required by the State of Michigan to be on file during camp. All medications sent to camp must be in their original containers with instructions.

**IMPORTANT NOTE:** If your camper requires additional attention in order to be able to be successful at camp, please share this information as early as possible with the camp director. This information is critical to adequate staffing for the camp. Thank you for your cooperation, as this allows us to provide a quality and safe program in for your child. If the director does not receive information regarding specific needs of individual campers those campers may not be able to attend camp due to inadequate staffing in accordance with Michigan law.

**Contact Jessica Montague at [jessica@cofchristmi.org](mailto:jessica@cofchristmi.org) with questions about camp registration and fees.**

Registration can be completed by mail or online at <http://CofChristMI.org/youth-camps>



**Camper Information**

Please circle the camp your child will be attending:

*Senior High*

*Junior High*

*Junior*

@ Park of the Pines

@ Blue Water

@ Sanford (Late Junior)

@ Blue Water

@ Park of the Pines

@ Sanford (Early Junior)

@ Sanford

@ Sanford

@ Park of the Pines

@ Blue Water

Camper's Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade in Fall 2018: \_\_\_\_\_ Gender: \_\_\_\_\_

Is the camper a member or participant in a Community of Christ Congregation?  Yes  No

If Yes, which congregation: \_\_\_\_\_

Has the camper ever attended a Community of Christ Youth Camp in the past?  Yes  No

How did you learn about camps?  Website  Facebook  E-Mail  Poster  Friend/Family  Congregation

**Parent/Guardian Information**

Name: \_\_\_\_\_

Same Address as Camper

If Different, Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



**Photo/Video Release**

I hereby give consent to and authorize the taking of photographs or videotape in which my child, the camper named above, may appear and circulate same for any and all official resource, use or purpose including print, film or electronic reproduction of every description. I hereby waive all right of privacy in and to any said pictures or tapes by signing my name below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Images of my child may not be released or distributed.

**Medical Emergency Care Authorization**

Michigan Department of Licensing and Regulatory Affairs

**Notice:** By signing below you are granting the operator of the camp organization authority to secure emergency medical, surgical treatment for your camper while attending camp if there is insufficient time to contact you.

You are giving the camp operator permission to secure routine, nonsurgical medical care for your child while attending camp.

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children’s camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 14a(2) states: “A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.”

\_\_\_\_\_  
*Parent/Guardian Printed Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Adults Authorized to Release Camper:** A camper may only be released to an adult who is authorized by the parent/guardian. Please list any additional adults who are authorized to sign for release of the camper either due to emergency or at the end of camp.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_



**Camper’s Health History & Medical Information**

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Person Insured: \_\_\_\_\_

**\*Please attach a copy of the insurance card\***

Camper’s Doctor: \_\_\_\_\_

Doctor’s Phone: \_\_\_\_\_

**Emergency Contact Person:** Please provide contact information for an adult different from the parent/guardian completing this registration who may be contacted in the event of an emergency.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Please describe any food allergies, dietary restrictions, or other eating habits: \_\_\_\_\_

\_\_\_\_\_

Please describe any behavioral or emotional needs (IEP, 504, behavior plans, ADHD/ADD, autism spectrum, sensory issues, eating disorders, PTSD, or recent/lasting traumas): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any ongoing health conditions or infectious diseases (bed wetting, sleeping disorders, physical limitations, skin conditions, asthma, hearing or vision impairments, diabetes, or others):

\_\_\_\_\_

\_\_\_\_\_

Please list the name, dosage, frequency, and condition treated for each medication being sent to camp:  
*All medications sent to camp need to be in the original container with instructions.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please attach a copy of the camper’s immunization record\***



Camper's Name: \_\_\_\_\_

Item	Amount
<b>Camp Registration Fee</b> <i>All Senior High Camps - \$300</i> <i>All Junior High Camps - \$300</i> <i>Junior Camps @ Blue Water &amp; Park of the Pines - \$200</i> <i>Late Junior Camp @ Sanford - \$200</i> <i>Early Junior Camp @ Sanford - \$150</i>	
<b>10% Early Registration Discount</b> <b><i>If registration is received at least two weeks before the first day of camp</i></b> <i>Subtract \$30 from \$300 Camps</i> <i>Subtract \$25 from \$250 Camps</i> <i>Subtract \$20 from \$200 Camps</i> <i>Subtract \$15 from \$150 Camps</i>	
<b>10% First Time Camper Discount</b> <b><i>If attending Community of Christ youth camp for the first time</i></b> <i>Subtract \$30 from \$300 Camps</i> <i>Subtract \$25 from \$250 Camps</i> <i>Subtract \$20 from \$200 Camps</i> <i>Subtract \$15 from \$150 Camps</i>	
<b>Total</b>	

*A minimum deposit of \$25 must be paid at the time of registration to reserve a space for your child at camp. If the full amount is not included with registration, the remaining balance must be paid prior to the start of camp. You can mail payment of the remaining balance at least one week prior to camp or bring the remaining payment to camp the day of registration. Gift certificates or contributions from a congregation or sponsor may be mailed in advance or brought to registration.*

**Amount enclosed at this time:** \_\_\_\_\_

Make checks payable to **Community of Christ** and include the camp & camper name in the memo line.

Mail all registration forms and payments to:

**Jessica Montague**  
**Attn: Youth Camps**  
**1322 Pinehurst Ave**  
**Flint, MI 48507**

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**For Camp Staff Use:**

Parent/Guardian Sign Out: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Medication Sign Out: \_\_\_\_\_