



REGISTRATION FORM (Grades K-8)
Pioneer Memorial Church—FLAG Camp
8655 University Blvd., Berrien Springs, MI 49103
Phone: 269-471-3133 Fax: 269-471-6152

June 10-August 2, 2019
Please complete this form for each child and return it with a \$5
registration fee made payable to "PMC-FLAG Camp"

Camper's Full Name: _____ Goes By: _____

Camper's Age: _____ Date of Birth: ____/____/____ Gender: M F T-Shirt:(Youth) S M L (Adult) S M L XL

School: _____ Grade Completed in School: _____

Church you attend (if any): _____

Parent/Guardian Full Name: _____ Day Phone: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____ E-mail: _____ Cell Phone: _____

Emergency Contact: _____ Day Phone: _____

Relationship to Camper: _____ Cell Phone: _____

Authorized Pick-Up List (Only those listed will be authorized to pick up your camper)

Name: _____ Day Phone: _____ Cell Phone: _____

Name: _____ Day Phone: _____ Cell Phone: _____

Name: _____ Day Phone: _____ Cell Phone: _____

Name: _____ Day Phone: _____ Cell Phone: _____

Name: _____ Day Phone: _____ Cell Phone: _____

Consent and Assumption of Risk

I acknowledge that there is an inherent risk of injury in the following planned activities that my child may participate in: roller skating, bowling, camping, tubing, swimming, water skiing and canoeing along with the travel for field trips away from camp. I hereby assume full responsibility and risk of injury, death, property damage, any loss or liability, and any cost that may be incurred as a result of participation in the referenced activities. I agree to indemnify and hold harmless Michigan Conference of Seventh-day Adventists (Michigan Conference), its employees, representatives, affiliates and agents from any claims, actions or liabilities (including reasonable attorney fees), for any occurrences which result in any injury, illness, accident or harm of any kind to my child while participating in the referenced activities. I also expressly agree to release and discharge Michigan Conference, its employees, representatives, affiliates and agents from any act of omission or negligence in rendering or failing to render any type of emergency or medical service. I fully recognize and understand that I am giving up my right to make a claim or file a lawsuit against Michigan Conference even if it negligently or by some other act or omission causes injury or damage to my child. I agree that this Release of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion therefor is held to be invalid, the balance of the Agreement shall continue in full legal force and effect. I voluntarily agree that said minor may participate in the referenced activities and initial on their behalf. I understand that this is a release of all claims that is binding on myself, my heirs, members of my family, personal representatives and assigns. I understand that I am assuming all risk inherent in the referenced activities. I voluntarily initial my name as evidence of my acceptance of the above provisions. I understand that FLAG Camp is not liable for any lost or stolen items.

Signature of Parent of Legal Guardian

Date

HEALTH HISTORY

Insurance Information Attached: Yes ___ No ___ If no, please explain: _____

(Important Note: Must have a photocopy of health insurance card (front and back) in order to treat camper in an emergency!)

Physician/Health Care Facility: _____

Phone Number: _____ Date of last physical exam: _____ Date of last Tetanus Shot: _____

Are all school physicals/immunizations up to date: Yes ___ No ___ If no, please explain: _____

Does your child take any prescription medication? Yes ___ No ___ If Yes, Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Name: _____ Dosage: _____

Please list any Allergies:

Other Health Conditions (Circle those that apply)

- | | | |
|-----------------------------|-------------------------|---------------------------|
| ADD/ADHD | Fainting | Nosebleeds |
| Asthma | Hearing Impairment | Seizures |
| Bleeding/clotting disorders | Heart defect/disease | Musculoskeletal disorders |
| Constipation | Hypertension | Emotional disturbances |
| Diabetes | Special dietary regimen | Wears glasses or contacts |
| Ear Infection | Motion sickness | Other _____ |

Please explain any items that are circled. Indicate any information useful to the adult in charge in relation to any of the health conditions.

MEDICAL CONSENT

I hereby give FLAG Camp permission to provide health care (which includes first-aid for cuts, sprains, bruises, etc.), administer prescription medications, and seek emergency treatment as needed. In case of emergency, I hereby give permission to FLAG Camp directors to release any records necessary to physicians, as well as to provide or arrange necessary related transportation. I certify that the above information is correct and current to the best of my knowledge.

Signature of Parent of Legal Guardian

Date

Photo Release

I acknowledge that while my child is at FLAG Camp, he/she may be photographed by staff members via still or video camera. I authorize FLAG Camp to use my child's photographic image without identification in its brochures and advertisements, including FLAG Camp's website. In giving my consent, I hereby release and hold harmless FLAG Camp and its agents from any and all responsibility or liability relating to the use of the photographs. I understand that neither my child nor I will receive compensation should any photograph authorized be used.

Signature of Parent of Legal Guardian

Date

DAILY SCHEDULE

7:30-8:15 Pre-Care (\$5 fee)

8:15-8:45 Drop-off (Pathfinder Bld)

8:45-9:00 Line Call

9:00-9:30 Camp Council

9:30-12:00 Class Rotations

12:00-12:30 Lunch

12:30-2:00 Unit Time (AU Campus)

2:00-3:00 Swim (AU Pool)

3:00-3:45 Gym Time

3:45-4:00* Final Line Call/Pick-up (Johnson Gym)

*Any pick-up after 4:15 will be charged for After-Care

4:15-5:30 After-Care (Pick-up at Pathfinder Building; \$5 fee)

PAYMENTS/FEEES

I agree to pay either at the beginning of each week or day-by day for the days that my child will be attending, including pre-care and after-care. I understand my account must be kept up to date. Failure to do so may result in my child being asked to be picked up immediately and he/she will not be eligible to return to camp until accounts are paid up to date. If my check is returned unpaid, I understand it is subject to redeposit without further notice. There will be a \$10 return check fee charged to my account.

I understand that FLAG Camp hours are 8:30 a.m. to 4:00 p.m. The earliest I can drop off my child without pre-care charges is 8:15 a.m. Any earlier up to 7:30 a.m. and my account will be charged \$5. I also understand that if my child is not picked up before 4:15 p.m. there will be an after-care fee of \$5 charged to my account, which needs to be paid at pick-up if not previously paid.

- Fees:
- \$ 5 Registration Fee (per child)
 - \$ 5 Pre-Care & After-Care (per child, per day)
 - \$ 9 AU Housing Camp Fee (per child, per day)
 - \$ 16 Non AU Housing Camp Fee (per child, per day)

 - \$ 12 3 children (per child, per day)*
 - \$ 10 4 children (per child, per day)*
 - \$ 8 5 children (per child, per day)*

(*Children must live in the same household)

BUILDING CLOSED

I understand that the FLAG Camp building will be closed to all parents and campers from 8:00am-8:30am, as the FLAG Camp staff are having their morning devotions. Children will be asked to wait outside with the staff member in charge of Pre-Care. Parents who need to make payments or speak to counselors will need to do so between 7:30am-8:00am or after 8:30am. Thank you for your understanding in this matter, and we are sorry for any inconvenience.

AUTHORIZATION

I understand and agree to all of the terms listed on this registration form.

Signature of Parent of Legal Guardian

Date