

# Summer Camp 2010

Please send this form with 50% of camp cost, plus all of carryover fee, to:  
 Camp Henry • 47 Jefferson SE • Grand Rapids, MI 49503  
 (616)459-2267 • fax: (616)732-6374 • [www.camphenry.org](http://www.camphenry.org) • [info@camphenry.org](mailto:info@camphenry.org)

Please Print

Camper's Name \_\_\_\_\_ male / female (circle one) Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Age at camp \_\_\_\_\_ Grade (Fall '10) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Daytime Parent Phone \_\_\_\_\_  
 Non-Parental Emergency Contact \_\_\_\_\_ Non-Parental Emergency Contact Phone \_\_\_\_\_  
 Parent's Email \_\_\_\_\_ Bunk Partner Preference (name one only) \_\_\_\_\_  
 Church/Religious Affiliation \_\_\_\_\_ Westminster Presbyterian Church Member  yes  no  
 How I heard about Camp Henry \_\_\_\_\_ Years at camp \_\_\_\_\_  
 Race/Ethnicity (optional)  Caucasian  African American  Hispanic  Asian/Pacific Islander  Native American  Other

Wk(s) for office use only

Camp Fee

Check #

Am. Pd

Schol. Am./Fund

Health Form Rev'd

Deposit is NON-REFUNDABLE

## Registration Form

Deposit is NON-REFUNDABLE

### Important: Please read these instructions first

- Camp Week: Sun. 3:00 PM to Sat. 10:30 AM; Mini-Camp :Wed. 3:00 PM to Sat. 10:30 AM.
- Deposit required is 50% per camp week, plus full cost of carryover(s). **It is non-refundable.**
- Total camp fee is non-refundable as of 3 weeks prior to check-in day.

- A \$5 fee will be charged for installment payments made on credit cards. To avoid this charge with a credit card, pay the entire cost of camp when you register.
- Camp Henry merchandise will be available during registration and pickups.
- Parents; Please complete Health Form on the reverse side and sign where indicated. **Your signature is required for your child to attend camp.**

## 2010 Registration

**1. Select Camp Choice:** To select your desired camp, mark the camp(s) you would like to register for by placing a 1 in the corresponding box for your first choice of camp(s). To ensure that we get you registered for 2010, please select alternate time slot(s) by marking the corresponding box with a 2 for your 2nd camp choice (for each camp that you sign up for). If you do not do this, we cannot guarantee that we can place you in a camp.  
**Programs, dates and cost are listed in the camp brochure and also on the website at [camphenry.org](http://camphenry.org)**

**Day Camp:**  DC628  DC712  DC719 **Transportation from Grand Rapids:**  TR628  TR712  TR719

**Mini-Camp:**  MR623  MR707  MF623  MF707  MWB623  MWB707

**Regular Camp:**  R627  R705 (Olympics)  R711  R718  R725 (Christmas)  R801  R808

### Specialty Camps:

**Frontier:**  F627  F705  F711  F718  F725  F801  F808

**Water Sports:**  WS627  WS705  WS711  WS718  WS725  WS801  WS808

**Rock Camp:**  RC718  RC808 **British Soccer:**  BS725  BS801  BSD725  BSD801

**Teen Challenge:**  TC725  TC801

**Carrovers:**  CO710  CO717  CO724  CO731  CO807 **Assistant Counselor:** by application only

**2. Are you applying for a Scholarship?**  Yes  No. **If no, skip to number 5.**

*Note that financial aid is awarded according to the Financial Aid Sliding Scale on our website and in our brochure. Actual awards will be applied to your account when your registration is processed and will be noted on the registration confirmation that you receive in the mail. Awards are given for one camp only.*

**3. What was your 2009 Gross Household Income?**  \$0 - \$21,500  \$21,501 - \$26,000  \$26,001 - \$30,000

\$30,001 - \$35,000  \$35,001 - \$40,000  \$40,001 - \$45,000  \$45,001 - \$50,000  \$50,001 - \$55,000  \$55,001 and up

**4. How many children are in your household?**  One  Two  Three or More

**5. Total Camps ordered** \_\_\_\_\_

**6. Total Carryovers ordered** \_\_\_\_\_

### 7a. Full Cost of Camp(s)

*(Day, \$185; Mini-Regular, \$255; Mini-Specialty, \$280; Regular, \$420; Specialty, \$495; Carryover, \$90; Day Camp Transportation, \$35)*

### 7b. We are applying for a Scholarship and the anticipated adjusted camper fee from the sliding scale is:

*(You must send in proof of income with your registration to qualify. Applications will not be processed until proof of income is received.)*

### 8. Incentive Deduction (May not be combined with a scholarship)

*(Early Bird until Dec. 31, 2009, \$50 for week long or \$25 for day or mini-camp; \$10 sibling for additional siblings; WPC, 10%)*

### 9. Store Money Up to \$5 for Mini-Camp; Up to \$10 for Week Long Camps

### 10. Camp Scholarship Donation

### 11. Total fees

### 12. Total enclosed

*Deposit required is 50% of camp cost and full carryover fee. A minimum \$50 deposit is required for campers applying for a scholarship.*

### 13. Payment Options:

Check  Credit Card (MasterCard or Visa only)

Card number \_\_\_\_\_

exp. date \_\_\_\_\_ 3-digit security code \_\_\_\_\_ (last 3 digits on back of card)

Signature \_\_\_\_\_

# Health Record

**This Health History is REQUIRED for registration.** This information is not part of the acceptance process, but is gathered to assist us in identifying appropriate care. Please check appropriate spaces and fill in all information as completely and accurately as possible.

Camper's Name \_\_\_\_\_ male / female (circle one) Birth Date \_\_\_\_\_  
Camp Date(s) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Phone number(s) \_\_\_\_\_  
Non-Parental Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Overall Health? \_\_\_\_\_ Are there any current restrictions on activity?  No  Yes If yes, explain. \_\_\_\_\_

Are there any medical problems of which the Camp should be aware? (ie. Diabetes, asthma, seizure disorder, etc.)  No  Yes If yes, please explain in detail \_\_\_\_\_

Are there any special dietary restrictions the Camp should be aware of? \_\_\_\_\_

Allergies (List ALL) \_\_\_\_\_

Physician name \_\_\_\_\_ Phone \_\_\_\_\_ Date of last physical exam \_\_\_\_\_  
(must have occurred with 24 months)

Dentist/Orthodontist name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Authorization Phone # \_\_\_\_\_

Immunizations and dates:	Date of last Tetanus (REQUIRED)		
DTP		TD tetanus, diphtheria	
Polio		Pneumonia	
Hepatitis B		Varicella	
Influenza		MMR Measles, Mumps, Rubella	

Any SPECIAL Health and/or Behavioral Considerations? \_\_\_\_\_

Yes  No I hereby give my permission to the Camp Health Office to provide any first aid for the mild injuries and illnesses that should arise for the child named above.

Yes  No I also give my permission to administer over-the-counter medications, including: Tylenol, Motrin, allergy/cold medications, gastrointestinal medications (ie.: Mylanta, laxatives, anti-diarrhea) and lotions/creams (ie.: sunblock, Benadryl cream, hydrocortisone) except for the following: \_\_\_\_\_

## Prescription Medications: (You will have an opportunity to update this list when you deliver your child to camp)

Please list \_\_\_\_\_

•All medications brought by the camper (prescription or over-the-counter) must be given to the camp health officer at the time of check in. The health officer stocks the most common medicines such as Tylenol and cold remedies, so it is unnecessary to bring them. All medications must be in the original container and include clear and current directions and the camper's name. Asthma inhalers may be kept by the camper.

•Campers are not allowed to bring alcohol, cigarettes, drugs, weapons, fireworks, cell phones or electronic devices (except cameras). Camp Henry reserves the right to search any campers belongings and confiscate these items.

•Camp Henry provides secondary accident insurance for campers during their time at camp. Camp Henry's insurance begins where yours leaves off. Illness and sickness are not covered. Any outside charges incurred related to this illness will be billed to parents or guardians.

•I understand it is the policy of Camp Henry not to release a camper to anyone other than the person designated at the beginning of camp. I recognize that certain hazards and dangers are inherent in camp events and programs, and particularly, but not limited to, horseback riding, hayrides, swimming, boating, A-field activities, ropes courses, team courses, tower climbing, water skiing, sledding, and canoeing. I understand that adventure activities may expose my child to psychologically and physically stressful and challenging situations.

•I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. I understand that my child shares responsibility for his/her safety and I have instructed my child in the importance of knowing and abiding by the camp rules, regulations, and procedures for the safety of camp participants. Further, I waive any claim that may arise against Camp Henry and/or its employees as a result of participation in the program, except for those which are the direct result of the gross negligence of Camp Henry or its employees. Camp Henry reserves the right to discipline or send home any child for any reason in its sole discretion, including rule violations, or health and safety concerns.

•In signing this document, I hereby certify that the above information is correct, and give permission for the use of photographs, or other media, including my son or daughter to be used in camp publicity; for my son or daughter to be transported for approved out-of-camp activities, and for the release of medical information in case of illness. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Henry staff to obtain proper medical diagnosis, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. If an injury should occur at Camp Henry, I understand that Camp Henry's insurance coverage picks up where my insurance leaves off, up to the limits of the Camp.

**X**

\_\_\_\_\_  
**Authorized Signature (Parent/Guardian) REQUIRED**

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

## For Camp Henry Use Only

Health review form to be completed by the Camp Henry Health Officer within 24 hours of camper's arrival.

\_\_\_\_\_  
initials

\_\_\_\_\_  
date