



# High Five Circus Camp

Saturday, March 20 10am-5pm

## Camp Henry's High Five Circus Camp

is a fun-filled adventure where you will explore the amazing world of the circus!

You will learn about the High FIVE, the five fingers of the hand stand for five character traits - Safety, Commitment, Respect, Responsibility and Positive Attitude. They are guaranteed to lead to high levels of success and fun in the High Five Circus Camp and also in life!

### What you'll learn:

**Juggling** - basic three ball toss juggling pattern, balancing sticks, Diablo, flower sticks and spinning plates

**Acrobatics** - rola bola, walking globe and balance pole

**Mime Illusions** - leaning on an imaginary cane, walking without moving and feeling an imaginary wall



Mat Emerick will be leading the day, he has been practicing Circus Arts for over 25 years.

## info

**Price: \$10**  
**Ages: 4th grade and up**

**Saturday, March 20**  
**10:00 AM to 5:00 PM**

**\*add transportation from Grand Rapids for an additional \$5 per camper.**

**Transportation drop off at 9am, pick up at 6pm:  
Westminster Presbyterian Church, 47 Jefferson Ave SE**

Please complete one registration per child.

<b>Please Print</b>	Camper's Name _____	male / female (circle one)	Birth Date _____
	Address _____	Age at camp _____	Grade _____
	City/State/Zip _____	Home Phone _____	
	Parent/Guardian _____	Daytime Parent Phone _____	
	Non-Parental Emergency Contact _____	Non-Parental Emergency Contact Phone _____	
	Parent's Email _____		

Payment Options: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Mastercard or Visa only)	Total camp fee \$10 _____
Card number _____ exp. date _____	Transportation \$5 _____
3-digit security code _____ (last 3 digits on back of card)	TOTAL enclosed _____
Signature _____	

Please send this form with full payment, plus transportation fee if requested, to: Camp Henry • 47 Jefferson SE • Grand Rapids, MI 49503  
(616)459-2267 • fax: (616)732-6374 • [www.campheny.org](http://www.campheny.org) • [info@campheny.org](mailto:info@campheny.org)

Camp Henry provides life changing experiences for all in a Christian environment.  
"Changing the world one person at a time!"



# 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) Circus Camp 2010 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.

•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