



2010 Spring "Break-Out" Camps

Session I: Monday, April 5 - Wednesday, April 7
 Session II: Thursday, April 8 - Saturday, April 10

Spring Break- Out Camp is the place to be!

Join us for a three day outdoor adventure!

- Day One: Low Ropes Course
 Compass Treasure Hunt
 Campfire Building
 "Wild" Art Project #1
- Day Two: Rock Climbing Tower
 Archery Challenge
 Wilderness Shelter Building
 "Wild" Art Project #2
- Day Three: Giant's Ladder and Zip Line
 Canoeing Adventure
 Wilderness Edibles
 "Wild" Art Project #3



Price: \$14 per day*
Ages: 8-15

info

9:00 AM to 4:00 PM Daily

Session I: Monday, April 5 - Wednesday, April 7
Session II: Thursday, April 8 - Saturday, April 10

Come to all six days for just \$60!

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

*Indoor activities will be provided in the case of rain.

Need transportation from Grand Rapids? Drop off will be at Westminster Presbyterian Church (47 Jefferson SE) by 8 am each day. Pick up will be at 5 pm.

Please complete one registration per child.

Please Print	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 _____		

Session I: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	Session II: <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<input type="checkbox"/> Session I & II, \$150
Transportation: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		
Payment Options: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Mastercard or Visa only)	Total camp fee \$14 x _____ days (or \$60)	_____
Card number _____ exp. date _____	Transportation \$5 x _____ days	_____
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.camphenry.org • info@camphenry.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) Spring "Break-Out" 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 within 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