

## CAMP MCSAUBA REQUEST 2017

09223 Mt McSauba Rd . 231-547-3253 (office) or 547-3267 (camp).  
www.cityofcharlevoix.org . email: tomk@cityofcharlevoix.org

Camp McSauba is a city-operated day camp for boys and girls, ages 5-13. Activities are age-based. Consequently, children are grouped together on an age basis. (NO EXCEPTIONS.) The day-camp operates from 8:30 AM—4:00 PM Monday-Friday.

REGISTRATION REQUEST (you will receive confirmation if your request is accepted) Due to the new online registration format; ALL camp registration forms filled out ON PAPER are considered to be requests. If your week choice is already full online you will not be allowed to join over capacity. If your week choice is not full online you will receive an email confirmation letting you know that your child has been accepted into camp. For more information or registration in person please visit the Charlevoix Recreation Department. Please initial to acknowledge understanding of the above statement at Camp McSauba Requests. INTITIALED \_\_\_\_\_

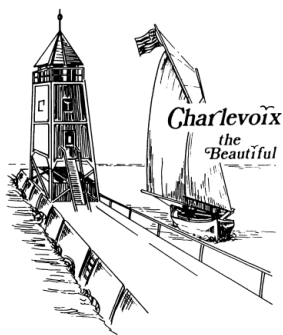
CHOICE (✓)	SESSIONS – Mon-Fri.	THEMES	DESCRIPTIONS
	Week 1 June 14– 16	Schools Out	Come have fun! Let your hair down after a long school year and swing into summer with some of your favorite games and meet new friends!
	Week 2 June 19 – 23	We Are Family	A week all about team-building and teamwork. Have fun learning new skills with new faces!
	Week 3 June 26 – June 30	Stars & Stripes	We will celebrate the upcoming 4 <sup>th</sup> of July with some traditional games, snacks and swimming!
	Week 4 July 5 – July 7	Color Crazy	Be a part of a team color with races/activities. Show your true colors this week!
	Week 5 July 10 – July 14	Splish Splash	Bring in the dunk tank! Come ready to get wet each day. Wear your swimsuit to Camp under your day clothes. Water games galore!
	Week 6 July 17– July 21	Wacky Sports	Lots of ball games and other fun sports to be had! Be ready to run, sweat and laugh!
	Week 7 July 24– July 28	Decades of Fun	Each day we will do fun things from different decades: Disco, hippie, dinosaur, wild west and more fun themes of times past. It will be a blast!
	Week 8 July 31 – Aug 4	Get Dunked	The dunk tank is back for a second time this summer, along with other ways to cool off! Wear your swimsuit each day. Which counselor will get dunked this summer?
	Week 9 Aug 7 - Aug 11	Camp Pirate	Come dressed like a pirate or a princess. We will build pirate ships out of cardboard boxes, do a scavenger hunt and more!

The Camp is open to both residents and non-residents. A non-refundable fee of \$95 (resident) and \$110 (nonresident) per session is charged for each camper for full Camp Weeks. During weeks 1 & 4, the week will be shortened and the price will be \$60 for resident and non-resident. Fees may be transferred to another week (same camper) if given one weeks' notice and space is available. Fees include insurance, arts & crafts, sports, a Camp T-shirt, and an afternoon snack. Fees must be paid in full prior to the start of each session. Payments no longer accepted at Camp; instead, fees must be paid to the Receipts Clerk (first floor City Hall) or mailed to Recreation Department 210 State St. Charlevoix, MI 49720.

Amount Owed \_\_\_\_\_ Pay by Check \_\_\_\_\_ Pay by Cash \_\_\_\_\_ Pay by Credit Card \_\_\_\_\_  
Visa/MC/Discover \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVC \_\_\_\_\_

For staff use only—Time/Date Received: \_\_\_\_\_

Camp McSauba accepts all campers without discrimination due to color, race, national origin, gender, or any other basis prohibited by law.



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Camper's Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Camp Week Attending: \_\_\_\_\_

If previously attended Camp McSaubia, indicate when (year/s) \_\_\_\_\_

Camper's T-shirt size (Circle One): Youth Sm M L XL Adult Sm M L XL

Parent(s) or Legal Guardian Name \_\_\_\_\_

Parent(s) or Legal Guardian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email address \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact (if different from above) Name \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

REQUIRED BY MICHIGAN LAW: If Camp McSaubia is authorized to release your camper to another adult, please indicate their name below

I authorize \_\_\_\_\_ to pick up my camper.

Similarly, if you are not able to pick up your camper, but have given your child permission to walk or bike home, please indicate by initialing "yes" in space provided. I authorize my camper to walk or bike home. Yes \_\_\_\_\_ No \_\_\_\_\_

### HEALTH HISTORY

**\*\*Please answer the following questions by circling either "yes" or "no." If "yes," please explain below or attach additional sheet(s). This information, as well as the preceding information, is requested for the benefit of the camper and will not be used for any other purpose. \*A copy of birth certificate is also required of all five-year-olds.**

Does your child have any allergies? Yes/No Does your child have any recurring or chronic illnesses? Yes/No

Does your child require a special diet? Yes/No Does your child take any special medications? Yes/No

Does your child have a record of any serious injuries or operations? Yes/No Does your child have any restrictions or require any special assistance? Yes/No

Explanation(s) \_\_\_\_\_

**AUTHORIZATION:** The above health history is correct to the best of my knowledge. The camper applying for Camp McSaubia has my permission to engage in all camp activities, except as noted in the space provided. If I cannot be reached in an emergency, I give my permission to the physician selected by the camp director to hospitalize, treat/secure proper treatment for, and order injections, anesthesia, or surgery for my child. Moreover, I have read and completed this application/registration and give my permission for all authorizations and releases indicated.

SIGNATURE of PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

I am an adult and guardian of this child and wish him/her to participate in the activities. As a condition to being permitted to utilize the facilities, services, and programs of the City of Charlevoix for any purpose, including but not limited to observation or use of the facilities and grounds, or equipment, or participation in any off-site program affiliated with the City of Charlevoix, I understand, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in City of Charlevoix activities, on my behalf and behalf of my children, I waive and release any claims or loss of injury incurred or suffered which I or my children might make against the City of Charlevoix, its sponsors, officers, employees, volunteers, or contractors as a result of participating in City of Charlevoix activities or using its facilities. I further agree to indemnify the City of Charlevoix against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children.

I understand that the City of Charlevoix is not responsible for personal property lost, damaged, or stolen, while program participants are using the City of Charlevoix facilities, on City of Charlevoix premises, or involved in City of Charlevoix programs.

I give my permission to the City of Charlevoix to use without limitation or obligation, photographs, film footage, or tape recordings, which may include me or my children's image or voice for the purpose of promotion or interpreting City of Charlevoix programs.

**I acknowledge and agree with the waiver agreements set forth above.**

SIGNATURE of PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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