



CAMP MCSAUBA REGISTRATION 2018

09223 Mt McSauba Road 231-547-3253 (office) or 547-3267 (camp)

web site: www.charlevoixmi.gov email: betha@charlevoixmi.gov

Camp McSauba is a city-operated day camp for boys and girls, ages 5 -13. Activities are age-based. Consequently, children are grouped together by age. (NO EXCEPTIONS) 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 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.

CHOICE (√)	SESSIONS – Mon-Fri.	THEMES	DESCRIPTIONS
	Week 1 June 18 - 22	Nature Week	Come explore nature at Mt. McSauba. Little Traverse Conservancy will be here all week doing some cool activities in our beautiful area.
	Week 2 June 25 - 29	Outdoor Education	Come learn how to set up a tent, use a compass, start a campfire, and much more!
	Week 3 July 2 – 6 (No camp on July 4 th)	America the Beautiful	This week we will celebrate our country's birthday with traditional games and activities.
	Week 4 July 9 - 13	World Cup McSauba 2018	It's the World Cup this summer and we are celebrating it at McSauba. Be ready to run, shoot, score, pass, and defend your favorite team!
	Week 5 July 16 - 20	Games Galore!	Come play some of your favorite games: dodge ball, kickball, capture the flag, and more! It will be a fun week!
	Week 6 July 23 - 27	Water, Water Everywhere!	It's water week at McSauba with a dunk tank, slip 'n slide, and other fun water games. Wear your swim suit under your camp clothes each day and be ready to get wet!
	Week 7 July 30 – Aug 3	Super Heroes Week	Be your favorite super hero this week by dressing the part and doing super human feats! We will be testing your strength and smarts!
	Week 8 Aug 6 - 10	Mystery Week	Who knows what this week will bring? Come find out. Each day will be a fun-filled mystery. It may be the best week yet!

The Camp is open to both residents and non-residents. A non-refundable fee of \$100 (resident) and \$120 (nonresident) per session is charged for each camper for full Camp Weeks. During week 3, the week will be shortened and the price will be \$75 for residents and non-residents. 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 _____

Name as it Appears on Card _____

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(s) Attending (please circle all that apply): 1 2 3 4 5 6 7 8 (Camp weeks and themes on the reverse side)

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 (required) _____

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 McSauba 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.

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 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 McSauba 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 _____

WAIVER: 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 of loss or 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 _____

PLEASE COMPLETE THE BACKSIDE OF THIS REGISTRATION

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