

A Letter from the Executive Director

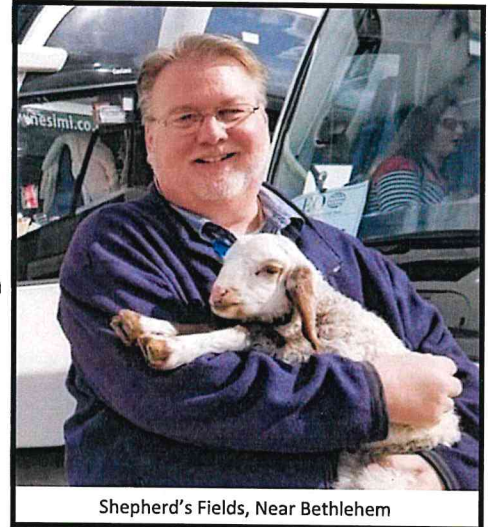
Dear Parents and Campers,

We are so excited that you are choosing a summer experience at Bay Shore Camp!

Despite the unprecedented times we've endured the last couple of years, we continue to persevere. For two years we found our way through the COVID-19 "desert." And, now we struggle with supply chain issues, inflation and employment challenges. In spite of it all, we persevere.

Hebrews 12:1:

Therefore, since we are surrounded by so great a cloud of witnesses,
let us also lay aside every weight,
and sin which clings so closely
and let us run with endurance the race that is set before us,



Shepherd's Fields, Near Bethlehem

We know that you have been enduring these things as well and continue to do so.

Like you, we continue to endure the challenges before us.

Many of the changes we made in the last couple of years have been welcome changes. Because of some of our new health protocols, not only did we avoid an outbreak of covid, we generally had healthier campers. Fewer sniffles, sore throats and tummy aches. That's a trend we'd like to see continue.

As always, we will always follow any mandated requirements of our licensing agencies.
At this time, there are no specific protocols that require mentioning.

We can't wait to provide a life-changing camp experience for your camper this summer!

In this packet of information, you'll find many things, all of which are important to a safe, healthy and positive camp experience. Please review them all upon receipt. It is important that you take some time to familiarize yourself with the information in this packet. Your camper's opportunity to attend camp is dependent upon you paying attention to these details.

Here's what you'll find:

- A HEALTHY CAMP BEGINS AND ENDS AT HOME! A healthy camp really does start at home. Here are some things you can do to help your child have a great camp experience. Provided by the Association of Camp Nurses.
- A Pre-Camp Health Screening Form (Required at Check In.) Your camper's "Check-in" at camp begins with the receipt of this packet and the Pre-Camp Health Screening that begins 14 days prior to your camper's first day of camp.
- What You Can Expect at "Drive-Thru, Check-In & Check-Out," with Helpful Hints and Tips.
- The Camp Waiver Form
- A blank health form, only if you need to update previously submitted information.
- USDA Food Form. (Completing this form, helps us defray our food costs!)
- The Very Important Camper Document.

Thank you for so many things!

- For choosing Bay Shore Camp for your child's summer camp experience!
- For caring for all these details that make camp possible for your child.
- And, for trusting us with your child's care.

If you have any questions about anything in this packet of information or anything that we might have missed, please don't hesitate to call us.

Peace and Blessings,

Jeff Parsons
Executive Director

A handwritten signature in blue ink, appearing to read "Jeff", with a stylized flourish at the end.

Camp Covenant

The goal of camp life at Bay Shore Camp is to fellowship, learn, play, and worship together as a community centered on the Lord Jesus Christ. The members of the Bay Shore Camp community take these responsibilities seriously. We desire to build your camp experience on basic biblical standards for godly Christian character and behavior. As staff of Bay Shore Camp, we pledge to live and work as Christian role models for all guests who come to camp. We ask that parents and campers BOTH read and sign this form before being admitted to camp. Deliberately violating this agreement is cause for campers to be sent home.

I Corinthians 10:23-24

♦ I promise to engage camp activities with a positive attitude, follow camp rules, cooperate with camp staff and be a faithful member of Bay Shore Camp's Christian community.

KNOW
THE
RULES

♦ I will leave things at home that could distract me and others from the camp experience or that I do not need: candy, gum, snacks, cell phones, electronic games and devices, weapons, cigarettes and any other form of tobacco, natural or synthetic marijuana, alcohol, or non-prescription drugs.



(over)

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(over)

♦ I will use my words to encourage, praise, or instruct others, while treating others with respect as I would wish to be treated in kind.



♦ I understand that I could be sent home if I do not follow this agreement.

Camper Signature

Date

Parent Signature

Date



♦ I will use my words to encourage, praise, or instruct others, while treating others with respect as I would wish to be treated in kind.



♦ I understand that I could be sent home if I do not follow this agreement.

Camper Signature

Date

Parent Signature

Date



FAMILY APPLICATION LETTER TO PARENTS FREE SUMMER MEALS

Date: Summer 2022

Dear Parent or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Program (SFSP) for children. Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we *must* document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?

No. Use *one* SFSP Free Meals Family Application for *all* children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Bay Shore Camp P O Box 624 Sebawaing MI 48759**.

(Name, Address, and Phone Number)

2. WHO CAN GET FREE MEALS?

Children in households getting Food Assistance Program (FAP), Family Independence Program (FIP), Food Distribution Program on Indian Reservations (FDPIR) and/or foster children can get free meals regardless of your income. Also, your children can get free meals if your household income is within the free limits on the Federal Income Guidelines.

3. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?

Children in households participating in WIC may be eligible for free meals. Please complete and submit an application.

4. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS *NOT* A U.S. CITIZEN?

Yes. You or your child(ren) do not have to be a U.S. Citizen to qualify for free meals.

5. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?

You *must* include all people living in your household, related or not (such as foster children, grandparents, other relative, or friends). You *must* also include yourself and all children who live with you.

6. WHAT IF MY INCOME IS NOT ALWAYS THE SAME?

List the amount that you normally get. For example, if you normally get \$1,000 each month, but you missed some work last month and only got \$900, put down that you get \$1,000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

7. WE ARE IN THE MILITARY; DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?

If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances *must* be included in your gross income.

8. WHAT IF MY CHILD DOES *NOT* HAVE HEALTH INSURANCE?

Your children may qualify for low cost or free health insurance through MICHild and Healthy Kids Program. To apply on-line, visit the MICHild website or call 1-888-988-6300 for help or to request a paper application.

Sincerely,

<http://www.michigan.gov/michild>

Sources of Income for Children

Sources of Child Income	Examples
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages
Social Security <ul style="list-style-type: none"> - Disability Payments - Survivor's Benefits 	A child is blind or disabled and receives Social Security Benefits. A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly gives a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Sources of Income for Adults

Sources of Adult Income	Example(s)
Earnings from work	Salary, wages, cash bonuses / Net income from self-employment (farm or business) / If you are in the U.S. Military / -Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing
Public Assistance / Alimony / Child Support	-Unemployment Benefits -Workers compensation -Supplemental Security Income (SSI) -Cash assistance from State or local government -Alimony payments-Child support payments -Veteran's benefits -Strike benefits
Pensions / Retirement / All Other Income	-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Annuities -Regular income from trusts or estates -Investment income -Earned interest -Regular cash payments from outside household

Optional: Children's Racial and Ethnic Identities

We are required to ask for information about your children(s) race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your child(s) eligibility for free or reduced-price meals.

Ethnicity (check one):

☐

Hispanic or Latino

☐

Not Hispanic or Latino

Race (check one or more):

☐

American Indian or Alaskan Native

☐

Asian

☐

Black or African American

☐

Native Hawaiian or Other Pacific Islander

☐

White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them investigate violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.htm, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442
Email: program.intake@usda.gov
This institution is an equal opportunity provider

DO NOT FILL OUT: For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ **Household Size:** _____ **Categorical Eligibility:** _____ **Eligibility:** _____
Weekly Bi-Weekly 2x Month Monthly Annually Free Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Verifying Official's Signature

Date

2021-2022 Household Application for Free and Reduced-Price School Meals

One application per household. Please use a pen (not a pencil)

STEP 1: List ALL Household Members who are infants, children, and students up to and including 12 (if more spaces are required for additional names, attach another sheet of paper).
Definition of Household Member. "Anyone who is living with you and shares income and expenses, even if not related". Children in Foster care and children who meet definition of Homeless, Migrant or Runaway are eligible for free meals. Read **How to Apply for Free and Reduced-Price School Meals** for more information. **PLEASE PRINT**

Child's First Name	MI	Child's Last Name	Student?		School	Grade	Foster Child	Homeless Migrant, Runaway
			Yes	No				
1) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2: Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR
If NO > Go to STEP 3. If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3). Case Number: _____
(Write only one case number in this space)

STEP 3: Report income for ALL Household Members (Skip this step if you answered "YES" to STEP 2)
Unsure what income to include here? Flip the page and review the charts titled, "Sources of Income", for more information. The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with the All Adult Household Members Section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by

All Household Members listed in STEP 1 here.

Child Income

\$ _____

How Often? Please put an X

Weekly	Bi-Weekly	2x Month	Monthly	Annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

PLEASE PRINT

Name of Adult Household Members (First and Last)	Earnings from Work	How Often?					Public Assistance/ Alimony/Child Support	How Often?					Pensions/Retirement/ All Other Income	How Often?				
		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually		Weekly	Bi-Weekly	2x Month	Monthly	Annually
1) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Household Members (Children and Adults) _____	Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member _____																	
Check if no SSN <input type="checkbox"/>																		

STEP 4: Contact information and adult signature. Mail Completed Form to:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Street Address (if available) _____	Apt# _____	City _____	State _____	Zip _____	Daytime Phone and Email (Optional) _____
Printed Name of Adult Signing Form _____		Signature of Adult _____			Today's Date _____

INSTRUCTIONS: Sources of Income

Our CAMP STORE WILL be OPEN

after Check-in and Check Out!!!!

After Drive Thru Check In/Out, parking will be available (See MAP) Walk the path to the designated entrance of Dining Hall to enter the camp store. (Return by the same path)

You can have a surprise delivered to your camper during camp again this year!



Pick out a box, fill it with an assortment of items from the store.

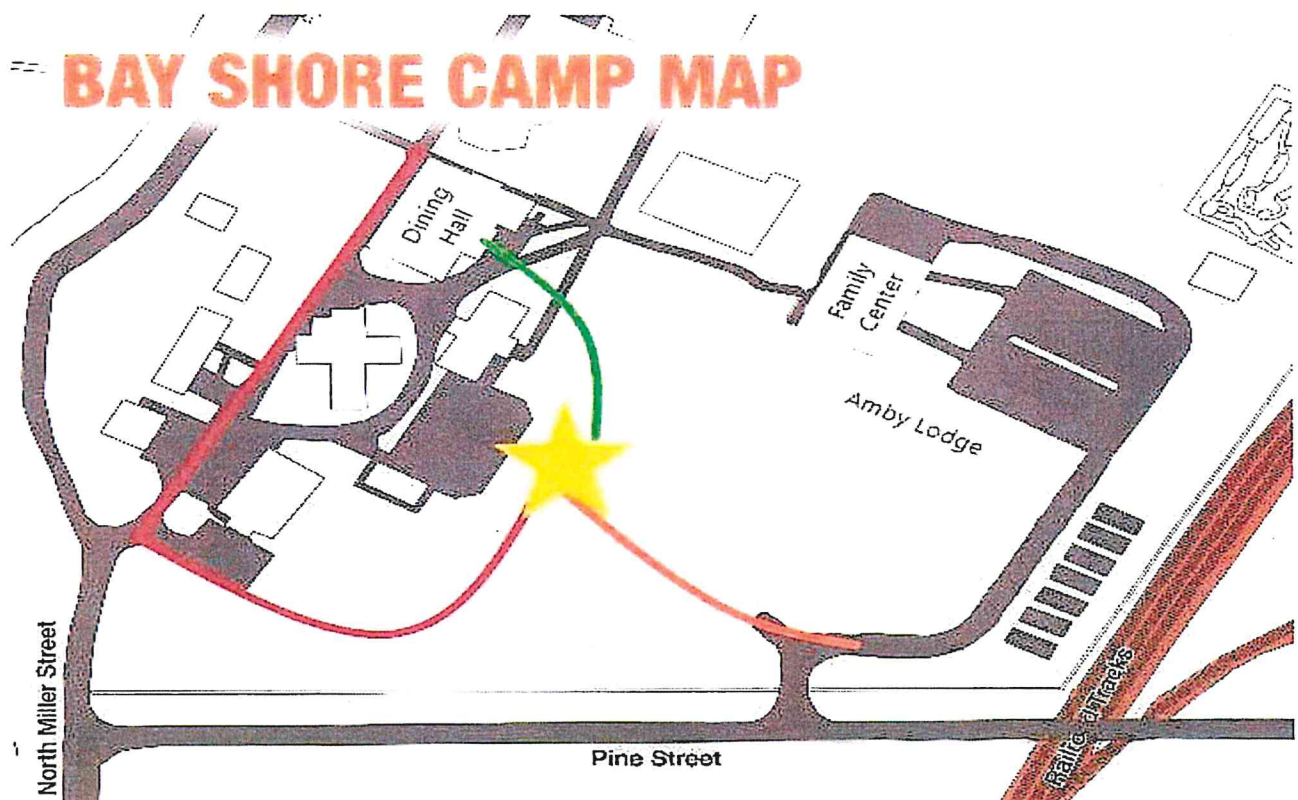
(Sorry, no food items)

Receive 10% off purchase price of the box and anything in it.

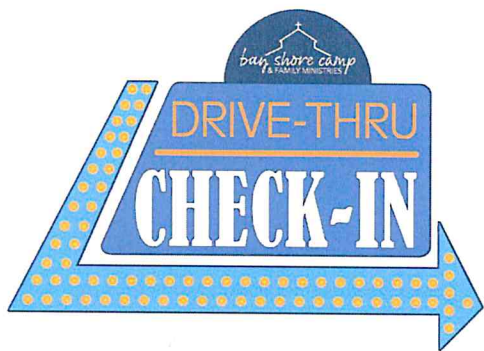
Write camper's name + camp on the box and we'll deliver it!

Camp Store will be open for 2 hours from when check-in/out starts. (example- 2pm-4pm)

Please respect the camp & campers by only using the marked path. Please follow the Red or Orange lines from your respective check-in location and park at the Star. The green line path will be marked for you to follow to access the store.



What You Can Expect At “Drive-Thru, Check-In & Check-Out!”



We are excited that you will be attending Bay Shore Camp this summer. Your first hours here are important to us, so we want you to know what you can expect at Check-In and offer some helpful hints and tips

Our “Drive-Thru, Check-In” will begin no later than 2:00 p.m. at your designated entrance. Please watch for signs and directions! Bay Shore Bob will be there to greet you. Be aware. The earlier you arrive, the longer you’ll need to wait. We continue to adapt and change this process as the necessary. We’re always trying to find ways to stream-line the process. It’s important to follow the directions of the Bay Shore Staff and volunteers. Please be patient.

2022 Check-in Procedures

- Upon arrival at your assigned entrance to BSC, all arriving vehicles will stop at the entrance for health screening. This screening will include a touchless temperature screening of all vehicle occupants. There may also be a short health questionnaire given. Please remain in your vehicle, and roll down the driver’s side window. Should your health screening reflect a concern, you may be asked to turn off to a secondary stop for follow-up. Following the completion of the health screening, vehicles will be directed to begin the check-in procedures as described below. Please note that the order of stations may vary as we refine the process through experience. An ID card will be placed on your windshield to show you have completed this step.
- Registration paperwork: Please stay alert for the check-in staff as they direct you. Please remain in your vehicle with the driver’s window down. Have all registration forms (minus the health form) ready to hand to our check-in staff. If you need to fill out new paperwork, we will have clipboards and pens to give you in your vehicle. We highly encourage you to keep those pens! You will also be asked to verify who will be picking up your camper(s) at check-out.
- Camper Accounts: At this location you will have the ability to pay any remaining balance on your camp fee, deposit money into your campers store account, and receive information on how to fill a camp store care-package for your camper online. All of this from the convenience of your front seat! Please note: Parents will have the opportunity to visit the camp store before leaving camp. Please follow directions to the store parking area after you complete check-in.
- Nurse’s station: Please have all medication in their original containers, along with any written instructions in a zip-lock bag. Please have your camper health form filled out and separate from the bag.
- Camper Drop-off: This station will be located outside of the Youth Center or Family Center. Upon instruction from our check-in staff, please bid your camper farewell and unlock your vehicle storage compartment. One of our counseling staff will assist your camper in unloading any luggage. All luggage will be tagged with your camper’s name and cabin number for delivery. PLEASE LIMIT THE NUMBER OF BAGS TO 3, and refrain from open accessory containers. Our Camp Deans will come up to the driver’s side window to greet you.



Welcome to Camp! It’s now time for your camper to meet their counselor and get moved into their cabin. Following the drop-off of your camper, please return to the camp entrance to depart or park to visit the camp store.

(over)

Helpful Hints and Tips for Check-In!

If you arrive early or up to one hour after registration opens, please expect to wait. These procedures are designed to keep our campers safe and healthy. Your patience is appreciated.

It's best not to pack any necessary paperwork deep in your camper's luggage. You'll need it for Check-In, so keep it someplace handy.

If you're aware of a balance due for your camper, please be prepared to settle your account at Check-in. We accept cash, check, or major credit cards.

Please stay in your vehicle at all times. The only one to exit the vehicle will be your camper at the appropriate location.

Prescription medications will only be accepted in original packaging labeled for the current camper. The label must include the name of the camper, name of the medication, current dosage, doctor's name and pharmacy name. Multiple types of pills in the same container and/or daily dosage containers will not be accepted. If there is more than one camper from a family, there must be individual bottles for each camper.

Our health Station stocks most typical over the counter medications including pain killers, antacids, allergy relief and cold medications. It's not necessary to pack those for your camper unless it's part of their regular daily medical needs.

The yellow update health form needs to be filled out ONLY if you have changes –The enclosed health form is for updates only. If your camper doesn't have any health changes you do not need to fill this out.

If you have questions, please don't hesitate to call and ask (989-883-2501).

2022 Check-out Procedures

Check-Out: 2:00 p.m., Friday (unless otherwise indicated.)



- Upon arrival at your assigned entrance to BSC, all arriving vehicles will stop at the entrance for health screening. This screening will include a touchless temperature screening of all vehicle occupants. There may also be a short health questionnaire given. Please remain in your vehicle, and roll down the driver's side window. Should your health screening reflect a concern, you may be asked to turn off to a secondary stop for follow-up. Following the completion of the health screening, vehicles will be directed to begin the check-out procedures as described below. An ID card will be placed on your windshield to show you have completed this step before picking up your camper.
- Camper ID: Please stay alert for the check-out staff as they direct you. Please remain in your vehicle with the driver's window down. Check-out staff will be verifying you as an approved parent or guardian for pick-up. Please have your ID ready. At this station you will also receive any refund from your camper's store account, or you may choose to donate the remainder to our camp scholarship fund.
- Nurse's station: All remaining medications will be returned to you in their original containers
- Camper pick-up: This station will be located outside of the Youth Center or Family Center. Upon instruction from our check-out staff, unlock your vehicle storage compartment. One of our counseling staff will assist your camper in loading all luggage. Our Camp Deans will come up to the driver's side window to greet you and say their farewell.

Following the pick-up of your camper, please return to the camp entrance to preregister for next year or park to visit the camp store.

Camper Name: _____ Camp: _____

Pre-Camp Health Screening



Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of
temperature/
symptom
screening:

Day:	14	13	12	11	10	9	8
Temp/ Symp							
Day:	7	6	5	4	3	2	1
Temp/ Symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

Bay Shore Camp and Family Ministries
General Release of Liability, Waiver of Claims, Assumption of Risks,
Hold Harmless and Indemnity Agreement.

Participant Name: _____ Date of Birth: _____ Age: _____

Address: _____

City _____ State _____ Zip _____

The above named participant intends to attend and take part in the programs of Bay Shore Camp and Family Ministries (Bay Shore Camp). The person signing this document represents and warrants to Bay Shore Camp that he/she is authorized to a) grant permission for the participant to take part in such programs, and b) sign this document. All programs are based in and from the State of Michigan.

In consideration of crossing, renting, participating in, using, or otherwise being present in or upon the programs, facilities, and private properties of Bay Shore Camp, located at business address 450 N. Miller Street, Sebewaing, MI 48759, including all properties held by, used by, or titled to Bay Shore Camp:

1. I realize that Bay Shore Camp intends to take all necessary precautions against injuries and accidents. I, the undersigned, for myself, and my estate, heirs, administrators, executors, and assigns, hereby release, forever discharge, and hold harmless Bay Shore Camp and its transferees, successors, and assigns (collectively the "Releasees") from any and all liability and responsibility whatsoever, however caused, for all damages, claims, demands, and/or cause of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the above named participant's attendance or participation in any program or activity under the direction and/or supervision of Bay Shore Camp, or my presence in, on, or upon the properties of Bay Shore Camp (all of which is hereafter collectively referred to as the "Activities"), whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise. Activities offered by Bay Shore Camp in which the above named participant may participate may include but are not limited to the following: Evening Programs – games, hikes, etc., Climbing Wall, Zipline, Canoeing, Low Ropes Course, Swimming, Paintball, Reball, Lasertag, Cooperatives and Initiatives.

2. I fully understand there are potential risks and hazards associated with the Activities and with Bay Shore Camp, which is a natural area and which includes a body of water, falling/fallen timber, ruts, and holes, recreational and experiential facilities, and local wildlife. I have voluntarily chosen/granted permission to the above named participant to participate in the Activities and/or to be in, on, or upon the property of Bay Shore Camp, and I voluntarily assume all risks and responsibility for any resulting loss, property damage, illness, personal injury, and/or death, whether caused by negligence of the Releasees, accident, deliberate act, omission, or otherwise. I further agree to make restitution for any damages incurred while the above named participant participates in the Activities and/or is present in, on, or upon the property of Bay Shore Camp.

3. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, judgment settlement, or costs, including court costs and attorney fees, that the above named participant may incur due to his/her participation in the Activities or his/her presence in, on, or upon the property of Bay Shore Camp, whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise.

4. I hereby grant Bay Shore Camp. permission to use a photograph or other image or likeness of the above named participant for use in Bay Shore Camp approved publicity, including, but not limited to, brochures, newspapers, magazines, radio, and television. If the following blank is initialed, I do NOT grant permission for the use of the participant's image or likeness in publicity. _____

5. In signing this agreement, I acknowledge and represent that I have read and understood this document, that I sign it voluntarily, and that no oral representations, statements, or inducements have been made. I am at least eighteen years of age and fully competent. I understand that I am giving up substantial rights by signing this document and voluntarily agree to be bound by it.

Signature of Participant, Parent, or Authorized Person:

_____ Date: _____

If Parent or Authorized Person, please print name below:

Address if different from the above named participant:

City

State

Zip

Home Telephone: _____

Cell Phone: _____

Work Phone: _____



A Healthy Camp Begins and Ends at Home!

Revised: March 2021

Currently available online at

<https://www.campnurse.org/education-and-resources/resources/>

<https://www.acacamps.org/resource-library/research/healthy-camp-toolbox>

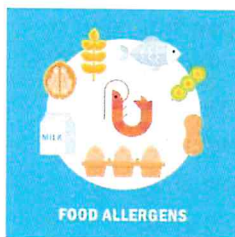
This PDF is intended for camp professionals to distribute to their campers' parents/guardians.



A Healthy Camp Begins and Ends at Home!

A healthy camp really does start at home. Here are some things you can do to help your child have a great camp experience.

1. If your child is showing signs of illness such as running a temperature, throwing up, has diarrhea, nasal drainage and/or coughing/sneezing, keep the child home and contact your camp director. This greatly reduces the spread of illness at camp but also supports your child's recovery. Know your camp's policy about illness and camp attendance.
2. Teach your child to sneeze/cough in his/her sleeve and to wash his/her hands often while at camp, especially before eating and after toileting. If you really want to achieve impact, teach your child to accompany hand washing with another behavior: keeping their hands away from their face.
3. If your child has mental, emotional, or social health challenges, talk with a camp representative before camp starts. Proactively discussing a camp's ability to accommodate a child can help minimize – if not eliminate – potential problems.



4. Should your child need a particular nutrition plan because of allergies, intolerances or a diagnosis (e.g., diabetes), note these on the Health History form but also contact the camp to make sure (a) they have noted that need and (b) the camp can address it. Discuss how your child will receive appropriate meals and snacks then explain that to your camper. Should your child be uncomfortable with the plan, arrange for a camp staff member to assist/monitor the process until the child is comfortable.
5. Make sure your child has and wears appropriate close-toed shoes for activities such as soccer and hiking, and that your child understands that camp is a more rugged environment than the sub/urban setting. Talk with your child about wearing appropriate shoes to avoid slips, trips and falls that, in turn, can result in injuries such as sprained ankle.
6. Send enough clothes so your child can dress in layers. Mornings can be chilly and afternoons get quite hot. Dressing in layers allows your child to remove clothing as s/he warms while still enjoying camp.



7. Fatigue plays a part in both injuries and illnesses – and camp is a very busy place! If your child is going to a day camp, be sure they get enough rest at night. If the child will be at a resident camp, explain that camp is not like a sleepover; they need to sleep, not stay up all night!



8. Remember to send sunscreen appropriate to the camp's geographic location and that your child has tried at home. Teach your child how to apply his/her sunscreen and how often to do so.
9. Send a reusable water bottle if not provided by the camp. Instruct your child to use it and refill it frequently during their camp stay. Staying hydrated is important to a healthy camp experience, something your child can assess by noting the color of their urine ("pee"); go for light yellow.



10. Talk with your child about telling their counselor, the nurse or camp director about problems or things that are troublesome to them at camp. These camp professionals can be quite helpful as children learn to handle being lonesome for home or cope with things such as losing something special. These helpers can't be helpful if they don't know about the problem – so talk to them.



11. Should something come up during the camp experience or afterward – you see an unusual rash on your child or the child shares a disturbing story – contact the camp's representative and let them know. Camps want to partner effectively with parents; sharing information makes this possible.
12. With the impact of COVID-19, make sure to review the camp's procedures and share with your child how camp will look different from previous years. This will be especially helpful if your child is a repeat camper. It will be important to understand the camp's expectations for face masks, activities, food service, hand hygiene, sanitizing practices, and more. Check their website for guidance and information.

Want to learn more? Talk with your camp director. Build the partnership between you and your child's camp leadership team. It's one way to help your child have the best camp experience possible!

*Revision completed by nurses associated with the Healthy Camps initiative, ACA, and ACN.
Linda Erceg, Mary Marugg and Tracey Gaslin.*