

We are looking forward to seeing you soon. Don't forget to have your paperwork ready on the first day of camp. All payments will be settled through the camp office. You can expect a call sometime during the week of your kid's camp. If you have any questions don't hesitate to call the office we are here to help the best we can. We look forward to serving you this summer.

Sincerely, Jesse Stark  
Day Camp Director  
Bay Shore Camp and Family Ministries.

# HEALTH FORM

REGISTER ONLINE @ [BAYSHORECAMP.ORG](http://BAYSHORECAMP.ORG)

## **This form must be returned with changes to old medical forms "UPDATES"**

This information is helpful in providing a safe and positive experience for your camper. No camper will be admitted without this form.

Camper Name: \_\_\_\_\_ Nickname(optional): \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

### Allergies

To Medication? No ☐ Yes ☐ If yes, list: \_\_\_\_\_

Environmental? No ☐ Yes ☐ If yes, list: \_\_\_\_\_

Certain foods? No ☐ Yes ☐ If yes, list: \_\_\_\_\_

### Medications

All medications (prescription and over the counter) must be given to the camp nurse at check-in for dispensing at the designated times. (Exception- Talk to the nurse regarding inhalers and EPI pens.)

Medication must be sent in their original containers and labeled for this camper, because of the number of meds dispensed we are only able to give them at meals and bedtime unless it is critical they be at another time (such as Ritalin, Anti-Seizure, etc.) Campers are responsible for reporting to the nurse for meds at the appropriate times.

Medication	Dose	Breakfast	Lunch	Supper	Bedtime	Other	Only as needed	Reason for Med	Med here?

### Inhalers

### **The camp nurse stocks the following medications. Please do not send additional amounts**

Acetaminophen (Tylenol)

Calamine Lotion

Decongestant

Ibuprofen (Motrin)

Antacid

Cough Suppressant

Diphenhydramine (Benadryl)

Imodium (Anti Diarrhea)

Antibiotic Cream

Hydrocortisone Cream

(check one)

☐

It is OK to give my child these meds if indicated per standard camp treatments

☐

It is OK to use these meds except: \_\_\_\_\_

**Routine Care:** I grant permission for the Bay Shore Health Official to give my child first aid and treat illnesses in accordance with the camp's standard care procedures.

**In an Emergency:** I grant permission to Bay Shore Camp to secure emergency medical/surgical treatment if necessary for the camper named on this form while at camp. I understand the camp will make every possible effort to contact me prior to emergency treatment. In the event I am unavailable, emergency treatment will not be withheld or delayed to contact me.

**Assumption of Risks:** Having read the camp description, I understand there are risks inherent to camping activities (outdoor activities, sports, aquatics, transportation, etc.) and I grant permission for my child to participate.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Is your camper having difficulty with any of the following conditions? (Please check)**

	yes	no		yes	no		yes	no
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Dental Problems	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble/Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Wheezes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>
Bed Wetting	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Ear Aches	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>						

Are your immunizations up to date?

No

☐

Yes

☐

Date of last tetanus:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any conditions limiting participation in activities?

No

☐

Yes

☐

If yes, please list:

\_\_\_\_\_

Is your camper on a special diet?

No

☐

Yes

☐

Type:

\_\_\_\_\_

If so, please contact the camp at least two weeks prior to camp to make arrangements with the kitchen. Please attach a detailed list of allowed and prohibited foods for the nurse and counselor.

Additional medical information, previous surgeries/injuries/serious illnesses/dietary concerns:

Confidential guidance information for camp staff; Please provide information which might be helpful to the staff in providing the most positive camp experience possible, such as recent changes in family relationships, learning/behavioral issues, other issues that are positively or negatively affecting your camper at this time. This information will be kept confidential.

**Release Information**

My child MAY BE released from camp to the following persons (include relationship) in addition to myself:

\_\_\_\_\_

My child may NOT be released from camp to the following persons (include relationship):

\_\_\_\_\_

**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: \_\_\_\_\_

## 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.

1 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



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