

Dear Parents and Campers,

Thank you for your interest in participating in Bay Shore's summer camping program. Remember to note the following:

- **HEALTH FORMS MUST BE RETURNED WITH THE REGISTRATION FORM**- three weeks before camp you will receive another mailing which will contain an "update form" to bring to camp with any changes or updates
- **A COPY OF YOUR CHILDS IMMUNIZATION RECORD MUST BE ATTACHED TO THE HEALTH FORM**
- **REGISTRATION WILL BEGIN AT THE POSTED TIME OF 2 P.M.**
- **THE POLICY OF NOT COMING AND GOING FROM CAMP DURING THE SESSION WILL BE OBSERVED THIS SUMMER**-this will help to maximize the life changing experience not only for your child, but for others who are a part of the same small group.

Thanks for working with us as we strive to make camp a positive experience for everyone.

Yours in Christ's Service
Mike Coffey, Executive Director, Bay Shore Camp

Reminder: You must enclose the following items to be properly registered for camp.

1. Completed Health Form
2. Registration Form
3. Deposit for Camp
4. A copy of your child's immunization record (can be brought to camp at check in)

Mail completed information to:

Bay Shore Camp
P O Box 624
Sebewaing MI 48759

IS YOUR CAMPER HAVING DIFFICULTY WITH ANY OF THE FOLLOWING CONDITIONS? (PLEASE CHECK)

	YES	NO		YES	NO		YES	NO
ASTHMA/WHEEZES	___	___	SKIN RASH	___	___	SLEEP WALKING	___	___
CONVULSIONS/SEIZURE	___	___	FREQ. SORE THROAT	___	___	BED WETTING	___	___
HEART TROUBLE/MURMUR	___	___	FREQ. EAR ACHES	___	___	ADHD	___	___
DIABETES	___	___	CONSTIPATION	___	___	DENTAL PROBLEMS	___	___
INFECTIOUS DISEASES	___	___						

ATTACH A COPY OF IMMUNIZATION RECORD DATE OF LAST TETNUS _____

ANY CONDITIONS LIMITING PARTICIPATION IN ACTIVITIES? YES ___ NO ___ LIST IF YES _____

IS YOUR CAMPER ON A SPECIAL DIET? YES ___ NO ___ TYPE _____ IF SO, PLEASE
CONTACT THE CAMP AT LEAST TWO WEEKS PRIOR TO CAMP TO MAKE ARRANGEMENTS WITH THE KITCHEN. **ALSO** PLEASE
ATTACH A DETAILED LIST OF ALLOWED AND PROHIBITED FOODS FOR THE NURSE AND COUNSELOR.

ADDITIONAL MEDICAL INFORMATION, PREVIOUS SURGERIES/INJURIES/SERIOUS ILLNESS/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 RECEIPT CHANGES IN FAMILY RELATIONSHIPS, LEARNING/BEHAVIOR ISSUES, ISSUES THAT ARE POSITIVELY OR NEGATIVELY EFFECTING 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)

AOFFICE USE

HEALTH SCREEN DONE ___ DATE _____ SIGNATURE _____

HEAD LICE CHECK DONE ___ DATE _____ SIGNATURE _____

PHYSICAL/IMMUNIZATION RECORD PRESENT ___ UPDATE RECEIVED ___ SIGNATURE _____

bay shore camp registration form

You may request
TWO bunk buddies

Camper Name: _____ Male Female

Camper Birthdate: ___/___/___ Grade ___ in September.

Parent's Name: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: ___ Zip: _____ Parent's Work Phone: _____

Home Church: _____ Email: _____

Name of Camp: _____ Event # BSC _____ Start Date: _____

T-Shirt Size: Youth Size: S ___ M ___ L ___ Adult Size: S ___ M ___ L ___ XL ___ Other _____

Must be signed: IN AN EMERGENCY, I grant permission to Bay Shore Camp to secure emergency, surgical treatment and/or routine medical care for the person named on this form while at camp. This person may participate in camp activities and photographs of same may be used for camp publicity.

_____ (signature of parent/legal guardian or camper is 18 or older)

Please charge \$ _____ to my VISA Mastercard Discover

Make check/money order payable to and mail to:

BAY SHORE CAMP

PO Box 624

Sebewaing, MI 48759

Please be sure to list all 16 digits and month/year of expiration date.

Camp Cost: _____

____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Membership Church Discount \$10.00

Exp. Date: ___/___ Security Code: ___/___/___

Amount enclosed/authorized: _____

Cardholder Signature: _____

A \$50 non-refundable deposit is required.
If possible, please pay in full to minimize paperwork.