Sunny Days Camp

☆ CAMPER REGISTRATION PACKET☆

IMPORTANT INFORMATION

- **ALL CAMPER REGISTRATION PACKETS ARE DUE, IN FULL, BY JUNE 16TH**
- **Individual Campers must have their *OWN* Child Information Record, Health History Record, and Medication forms on file.**
    - **Permissions & Acknowledgement Form can** be filled out to **include *ALL* Campers in same family.**
    - **The Medication Form MUST be filled out**, even if your child does not take anything! Simply write N/A across the medication portion, and sign by the X.
    - **For the Health History Form**: You can write-in their immunization record, print it out to add to the registration packet, and/or you can have their doctor email us a copy.
- PLEASE be aware of **Parent Signature areas needed on the forms.**
- Age for camp now is 6-12 years. *(Children MUST be 6 years of age by June 13th.)*

HAMBURG FITNESS CENTER & CAMP
8540 Hamburg Rd, Brighton, MI 48116
Phone: (810) 231 – 4169
Email: sunnydays@hamburgfitness.net

Sunny Days Camp

PERMISSIONS & ACKNOWLEDGEMENTS

*****PLEASE READ CAREFULLY*****

Acknowledgment of Parent Handbook

(MUST BE SIGNED FOR CAMP ATTENDANCE)

I hereby give permission for my child/children *(please list ALL camper names here)* _____ **to take part in the activities, except as noted by me or an examining physician, at Sunny Days Camp in the Hamburg Fitness Center & Camp.**

- In case of injury, parents or authorized contact person(s) will be called immediately for their decision in medical treatment. If parents or authorized contact person(s) are not available, we will use our best judgment as to what course of action to pursue and will continue to attempt contact. Sunny Days Camp or our organization, owners and affiliates will not be responsible for any costs incurred as a result of illness or injury. Parents should notify Sunny Days Camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.
- I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not deemed as appropriate in any way by the group leader/counselor.
- I understand my child may participate in camp activities that may include aquatic activities, boating and archery. I understand that there are inherent risks in these activities.
- If my child must return home due to illness or behavior, I will arrange a pick up for him/her immediately.
- In the event that I am not able to pick up my child, he/she may be released only to the people named on the Child Information Record.

I hereby certify that I have read and fully understand the policies and procedures included in this parent handbook and agree to them.

_____ _____ _____

Parent Name (Print) ***Parent Signature*** *Date*

_____

Relationship to Child

Financial Agreement

I understand camp payment is due by Friday of the preceding week. No refunds are issued. In the event your child cannot come to camp due to an illness, a doctor/physician note is required to receive camp credit. Late fee: $20 Return Check Fee: $35

_____ _____

Parent Signature *Date*

Permission to Photograph

I give Sunny Days Camp/Hamburg Fitness Center & Camp permission to photograph my child. These pictures may be used to promote Sunny Days Camp/Hamburg Fitness Center & Camp programs.

_____

Child/Children's Name(s)

_____ _____

Parent Signature *Date*

------PLEASE COMPLETE BACKSIDE------

Permission for Swim Test

Please check all that apply and sign at bottom.

- ☐ **I give permission** for my child/children to participate in a swim test conducted by the lifeguard to allow him/her to swim in deep water (deeper than 3 feet and 6 inches) in **Hamburg Fitness Center's indoor pool. I am aware that they will be swimming in deep water if they pass the swim test.** Parent/Guardian will be informed of swim test results.

  *Please list applicable Camper names:*_____

- ☐ **I give permission** for my child/children to participate in a swim test, conducted by the lifeguard to allow him/her to **swim in deep water in Haynor Lake**. **I am aware that they will be swimming in deep water if they pass the swim test.** Parent/Guardian will be informed of swim test results.

  *Please list applicable Camper names:*_____

- ☐ **I DO NOT GIVE PERMISSION** for my child/children to be tested for deep water swimming. By checking this box, I understand that my child/children will ONLY be allowed to swim in shallow water (max depth of 3ft) in both Haynor Lake and Hamburg Fitness Pool.

  *Please list applicable Camper names:*_____

_____ _____ _____

Parent Name (Print) ***Parent Signature*** *Date*

Indemnity Clause

In consideration of participation in any camp/program at Sunny Days Camp/Hamburg Fitness Center & Camp, the undersigned or parent/guardian on behalf of the participant identified in this registration, hereby agree to release and discharge from liability arising from negligence Sunny Days Camp/Hamburg Fitness Center & Camp and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "releases"), on behalf of myself and my children, parents, heirs, assigns, personal representatives and estate and also appreciates and agree to the following conditions:

- I represent that I am the parent or legal guardian of the participant.
- The risk of injury to the participant may exist in the camp/program and which particular rules, equipment and personal discipline may reduce the risk, both known and unknown, the risk cannot be completely eliminated and injury is possible.
- I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the releases' or others and assume full responsibility for the participant.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold the releases' from any and all claims, demands, or causes of action which are in any way connected with the participation in this camp/program, or the use of equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should the releases' or anyone acting on their behalf be required to incur attorney's fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees.
- I represent that the participant has adequate insurance to cover any injury or damage that may be suffered while participating in this camp/program, or else I agree to bear the costs of such injury or damage myself. I further represent that the participant has no medical or physical condition which could interfere with his/her safety in participating in this camp/program, or else I am willing to assume and bear the costs of all risks that may be created directly or indirectly by any such condition.
- In the event that I file a lawsuit, I agree to do so solely in the county where the releases' facility is located and I further agree that the substantive law of that county shall apply.
- I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

_____ _____ _____

Parent Name (Print) ***Parent Signature*** *Date*

_____

Relationship to Child

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Parent/Legal Guardian's Name	Home Phone ( )	Parent/Legal Guardian's Name (Optional)		Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City / State / Zip Code		City	State	Zip Code
Email Address (optional)		Email Address		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	**( )**	**2.**	**( )**
3.	**( )**	**4.**	**( )**

Parent/Legal Guardian Initials:

_____I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

X Signature of Parent or Guardian Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-18) Previous edition 6-17may be used.

HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is request so that the Camp can better meet the physical, intellectual, and emotional needs of the camper. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Camper's Name (Last)	First	Middle	Sex	Date of Birth

Address (Number and Street)	City	Zip	Telephone (Home)

Authorized Person's Name (Last)	First	Middle	Telephone (Work)

Address (Number and Street)	City	Zip	Telephone (Emergency)

Is the camper having any of the problems listed below?	Yes	No			Yes	No
1. Hay fever, asthma, or wheezing	☐	☐	7.	Trouble with passing urine or bowel movements	☐	☐
2. Eczema or frequent skin rashes	☐	☐	8.	Shortness of breath	☐	☐
3. Convulsions/seizures	☐	☐	9.	Speech problems	☐	☐
4. Heart Trouble	☐	☐	10	Menstrual Problems	☐	☐
5. Diabetes	☐	☐	11.	Dental problems	☐	☐
6. Frequent colds, sore, throats, ear aches (4 or more per Year)	☐	☐	12.	Other	☐	☐

Please explain any problem areas identified above including any current infectious diseases:

If female has she been told about menstruation (answer if appropriate)	Has she menstruated (answer if appropriate)
☐ Yes ☐ No	☐ Yes ☐ No

Operations or Injuries

Explain Any Special Health, Behavioral or Emotional Consideration(s)

Medication Needed of Used (Including Psychiatric)			Currently Being Given	
Kind	Frequency	Dosage	☐ Yes	☐ No
			☐ Yes	☐ No
			☐ Yes	☐ No

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin or other drugs), Bedwetting, Fainting, Sleep Walking, etc.

IMMUNIZATION		Polio	Mumps	Diphtheria	Tetanus	Pertussis (Whooping cough)	Measles	Rubella	Hepatitis B	Other
	Date Initial Immunization Completed									
	Date of Most Recent Booster									

Should the camper's activity be restricted because of any physical limitation or illness? ☐ No ☐ Yes If yes, explain degree of restriction:

I certify that this information is true to the best of my knowledge.	Authorized Person's Signature X	Date

LARA is an equal opportunity employer/program.

MEDICATION PERMISSION AND INSTRUCTIONS

CHILD CARE HOMES AND CENTERS

Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)

_____ , to my child _____ , as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
X Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

LARA is an equal opportunity employer/program.

TO BE COMPLETED BY THE CAREGIVER GIVING MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER’S NAME	CAREGIVER’S SIGNATURE