

Camp Quest of Michigan 2009 C.E.

Mail to:
Registrar
Camp Quest of Michigan
P.O. Box 656
Bloomfield Hills, MI 48303

Camper's Name: _____

Male / Female: _____ Age: _____ Birthday: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian: _____

Home Phone: _____ Business Phone: _____

E-mail (Parent / Guardian): _____ E-mail (Camper): _____

CAMP FEES:

Camper: \$550 per camper, \$500 for siblings (\$475 if enrolled by April 30 - \$425 for siblings)

NOTE: The fee includes everything (except for some elective activities that may be offered by the 4-H at our camp facility for which incidental fees are collected)

The following fees are optional, but recommended:

T-shirts: This year, one T-shirt and one cap are included in the camp fee. Additional shirts are available \$10 (each); indicate size(s) for shirt(s) desired

Size: (child) _____ 7-8 _____ 10-12 _____ 14-16
(adult) _____ sm. _____ med. _____ lg. _____ x-lg.

Camp Photo: The fees include one camp photo for each camper; additional copies are \$6 each

Elective Activities: (To be determined - details will be provided later)

Registration fee of \$100 must accompany application (Except for early enrollment offer).
(This fee will be deducted from total fee and is *non-refundable after July 31, 2009.*)

Balance of all fees is due by July 31, 2009 (we have to pay to rent the camp facility)
Make checks payable to "Camp Quest of Michigan"
Please include a recent photograph of the camper.

Camp Quest of Michigan

Parent and Camper Statement of Understanding of Camp Quest Policy

The following is Camp Quest policy information for the safety and protection of each child. Please read, sign, and return to Camp Quest with your registration form.

We (camper and parent) understand that it is the responsibility of each camper to participate in the whole program, including activities of work, play, values sharing and living together. We understand and support camp policies prohibiting campers from bringing weapons to camp, and from possessing or using tobacco products, alcoholic beverages or non-prescription drugs while at camp. We recognize that campers must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to themselves or others. Failure to adhere to camp policies may cause the Camp Director to dismiss a camper, without refund of camp fees.

I (parent) understand that I am not to leave my child at Camp Quest unless a camp staff member is there to receive and supervise my child.

I understand that my child will not be allowed to leave the camp or camp activities with an unauthorized person. Any person authorized to pick-up my child must be listed on the cabin sign-in sheet or other arrangements must be made by calling the Camp Quest office to inform them.

I am aware that my child will have the opportunity to participate in camp activities which may involve a degree of risk, and I approve his/her participation in such activities. I understand that accidents can occur. Recognizing that the camp will do its best to ensure a safe and enjoyable camping experience, I hereby release Camp Quest of Michigan and its operator, Camp Quest of Michigan, Inc., from any and all responsibility and liability of any nature resulting from my child's participation in any camp activity.

I have read and understand *The Affirmations of Humanism: A Statement of Principles and Values* included in this mailing and recognize it as fundamental to the philosophy of Camp Quest.

I understand that my child may be photographed, and consent to the photographs being used for camp promotional purposes. *(please note if you do not want your child photographed)*

Parent/Guardian Signature

Date

Camper Signature

Date

The Affirmations of Humanism:

A Statement of Principles

We are committed to the application of reason and science to the understanding of the universe and to the solving of human problems.

We deplore efforts to denigrate human intelligence, to seek to explain the world in supernatural terms, and to look outside nature for salvation.

We believe that scientific discovery and technology can contribute to the betterment of human life.

We believe in an open and pluralistic society and that democracy is the best guarantee of protecting human rights from authoritarian elites and repressive majorities.

We are committed to the principle of the separation of church and state.

We cultivate the arts of negotiation and compromise as a means of resolving differences and achieving mutual understanding.

We are concerned with securing justice and fairness in society and with eliminating discrimination and intolerance.

We believe in supporting the disadvantaged and the handicapped so that they will be able to help themselves.

We attempt to transcend divisive parochial loyalties based on race, religion, gender, nationality, creed, class, sexual orientation, or ethnicity, and strive to work together for the common good of humanity.

We want to protect and enhance the earth, to preserve it for future generations, and to avoid inflicting needless suffering on other species.

We believe in enjoying life here and now and in developing our creative talents to their fullest.

We believe in the cultivation of moral excellence.

We respect the right to privacy. Mature adults should be allowed to fulfill their aspirations, to express their sexual preferences, to exercise reproductive freedom, to have access to comprehensive and informed health-care, and to die with dignity.

We believe in the common moral decencies: altruism, integrity, honesty, truthfulness, responsibility. Humanist ethics is amenable to critical, rational guidance. There are normative standards that we discover together. Moral principles are tested by their consequences.

We are deeply concerned with the moral education of our children. We want to nourish reason and compassion.

We are engaged by the arts no less than by the sciences.

We are citizens of the universe and are excited by discoveries still to be made in the cosmos.

We are skeptical of untested claims to knowledge, and we are open to novel ideas and seek new departures in our thinking.

We affirm humanism as a realistic alternative to theologies of despair and ideologies of violence and as a source of rich personal significance and genuine satisfaction in the service to others.

We believe in optimism rather than pessimism, hope rather than despair, learning in the place of dogma, truth instead of ignorance, joy rather than guilt or sin, tolerance in the place of fear, love instead of hatred, compassion over selfishness, beauty instead of ugliness, and reason rather than blind faith or irrationality.

We believe in the fullest realization of the best and noblest that we are capable of as human beings.

HEALTH HISTORY RECORD
Michigan Department of Consumer and Industry Services

Dear Authorized Person:

The following information is requested 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) <input type="checkbox"/> Yes <input type="checkbox"/> No			Has she menstruated (answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Operations or Injuries										
Explain Any Special Health, Behavioral or Emotional Consideration(s)										
Medications Needed or Used (Including Psychiatric)					Currently Being Given					
Kind	Frequency	Dosage		<input type="checkbox"/> Yes	<input type="checkbox"/> No					
				<input type="checkbox"/> Yes	<input type="checkbox"/> No					
				<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain degree of restriction:										
I certify that this information is true to the best of my knowledge.		Authorized Person's Signature				Date				

MEDICAL EMERGENCY CARE AUTHORIZATION

Michigan Department of Consumer and Industry Services

Notice: By signing this card you are granting the operator of the children's camp organization authority to secure emergency medical, surgical treatment for your child while attending camp if there is insufficient time to contact you.

You are also giving the camp operator permission to secure routine, nonsurgical medical care for your child while attending camp.

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children's camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 14a(2) states: 'A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.

Name of Child (Print Last Name, First Name)

I hereby give permission to the children's camp named below, which is licensed by the Department of Consumer and Industry Services, to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp.

Parent Signature	Date of Signature
Parent Signature	Date of Signature

Camp Name (Print or Stamp)

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act.

BRS-3978 (Rev. 12-96) (Back)