

2019

ODD FELLOW & REBEKAH CAMP OF MICHIGAN



TALL OAKS CAMP

7153 S. Baldwin Rd Baldwin, MI 49304

PHONE: 231-898-2295

County _____

RETURN COMPLETED APPLICATION to Susan Herron at talloakscamp@outlook.com

Or mail to Tall Oaks Camp, C/O Susan Herron 44921 40th St. Paw Paw, MI 49079

The Odd Fellow and Rebekah Tall Oaks Camp of Michigan is an equal opportunity employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, or other protected classification.

Camper Name (Print) _____ Male _____ Female _____ Date of Birth Month _____ Day _____ Year _____

Address Street _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone # _____

E-mail address for confirmation _____ Alternate Phone # _____

Emergency Contact Name _____ Phone _____ Relationship _____

Persons camper may be released to _____

Does camper qualify for the School Food Program? Yes _____ DHS Case # _____ No _____

(if Yes without DHS Case number, you will be sent to complete and return a Summer Food Service Program Free Meals Family application.)

CAMP FEES: If qualified for School Food Program, \$25 Registration Fee. If not a School Food Program participant, \$300 for full week session, \$200 for Session 2.

Register for a Session of your choice using the camper's age on the first day of the camping Session. All Sessions are coed.

Theme for 2019: Survivor!

SESSION	DATE	AGES	
Session 1	_____ June 23-29	12-14	
Session 2	_____ June 30- July 3	7-9	Encouraged for first time campers. Pick up 3-6 p.m.
Session 3	_____ July 7- July 13	7-10	
Session 4	_____ July 14-July 20	10-13	
Session 5	_____ July 21-July 27	8-11	

PLEASE RETURN APPLICATION BY MAY 31, 2019

Registration fee of \$25.00 is enclosed with the application, with check or money order made out to Odd Fellow and Rebekah Camp of Michigan.

I hereby consent to (Camper's Name) _____ attending the Odd Fellow & Rebekah Tall Oaks Camp of Michigan. I approve of the Camp Regulations and will not hold the I.O.O.F. of Michigan and/or its affiliates, responsible for any accidents or medical care beyond the First Aid treatment at Camp, or en-route. I allow the above named camper to participate in all camp activities. I also realize that my camper's picture or testimony may be used in the promotion of the Camp. The applicant shall also act in accordance with Camp Regulations.

Signature of Parent/Guardian

Date

HEALTH HISTORY RECORD Allergies

(Bee stings, food, etc.) _____

Special considerations (physical, emotional, educational) _____

Current Medications to be dispensed? Yes _____ No _____

If yes, using a separate piece of paper, list all current medications showing frequency and dosage and attach to application. Mediations must left in original pharmacy container at time of check-in.

I hereby give permission and medical consent to the Odd Fellow & Rebekah Camp of Michigan, which is licensed by the Michigan Department of Licensing and Regulatory Affairs, to provide routine, non-surgical medical care on the premises and to secure any needed emergency medical and/or surgical treatment for the above named camper while attending camp.

A copy of the insurance card that covers the camper is attached to this application.

Signature of Parent/Guardian

Date

Tee-Shirt Size (circle size and Adult or Youth)

Small – Youth or Adult Medium – Youth or Adult

Large – Youth or Adult X-Large – Youth or Adult

OFFICE USE ONLY: Medical Card _____ SFPS _____ DHS Case # _____ Paid _____