

2020

ODD FELLOW & REBEKAH CAMP OF MICHIGAN



TALL OAKS CAMP

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 (other than that listed above) _____

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 a Summer Food Service Program Free Meals Family application to complete and return.)

CAMP FEES: If qualified for School Food Program, Foster or Homeless child: \$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 most recently completed grade in school or equivalent. All Sessions are co-ed.

Theme for 2020- SUMMER OLYMPICS!

SESSION	DATE	GRADE COMPLETED	
Session 1 _____	June 21- June 27	4 th – 7 th	
Session 2 _____	June 28 -July 1	1 st – 3 rd	Program for first time campers. Pick up 3-6 p.m.
Session 3 _____	July 5- July 11	3 th – 6 th	
Session 4 _____	July 12-July 18	2 nd – 5 th	
Session 5 _____	July 19-July 25	6 th – 8 th	

PLEASE RETURN APPLICATION BY JUNE 7, 2020. To register later than this, please contact Sue Herron at (269) 598-7987 to make sure there is an opening.

Registration fee/camper fee and copy of insurance card is required with application unless other arrangements are made with Sue.

Make check or money order 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. Medications must be 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.

Camper Registration fee of \$25 or full camper fee of \$300 as well as a copy of the insurance card that covers the camper is included with this application.

Signature of Parent/Guardian

Date

OFFICE USE ONLY: Fee _____ SFSP Eligible _____ Medical Card _____

Fee Received _____ Confirmation Packet Sent _____

Check -In Confirmation:

Any pending Fee received _____ Insurance and Medical information complete _____

Notes During Camp: