

Camp Quest

of Michigan - 2010 C.E.

(It's Beyond Belief!)

CAMP FEES:

Camper: \$500 per camper, \$475 for siblings of camper paying full fee (\$450 if enrolled before May 1, 2010 - \$425 for siblings)

(So long as the enrollment form and deposit are received by May 1, then the early discount will be honored.)

NOTE: The fee is reduced from last year. We hope this reduction encourages more campers and more early enrollment. 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)

Registration deposit of \$100 must accompany application. (This deposit will be deducted from total fee and is **non-refundable after June 30, 2010.**)

The following fees are optional, but recommended:

T-shirts: This year, one T-shirt is 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

Balance of all fees is due by arrival at camp or before (we have to pay to rent the camp facility)

Make checks payable to "Camp Quest of Michigan"

Please include (or email) a recent photograph of the camper. (Important— last year's photo won't do)

For additional copies of this form, see our website at <http://michigan.camp-quest.org> or phone 248-330-5061

For questions or information, e-mail michigan@camp-quest.org

Mail to:

**Registrar
Camp Quest of Michigan
P.O. Box 871312
Canton, MI 48187**

Camper's

Name: _____

Male / Female: _____ Age: _____ Birthday: _____

Address: _____

City: _____

State: _____ Zip: _____

Parent / Guardian: _____

Home Phone: _____

Business/Cell Phone: _____

E-mail (Parent / Guardian): _____

E-mail (Camper): _____

LOCATION:

4-H Camp Kidwell, 39000 1st Ave., Bloomingdale, Michigan 49026

Arrive: After 12 Noon, Sunday July 18, 2010

**Pick-up/Depart: Before 10 am, Saturday July 24, 2010
(All times EST)**

Camp Quest of Michigan – 2010 CE

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.

Camp Quest of Michigan 2010:

Permission to engage in specific activities.

I (we) am (are) the _____ of _____, a camper at Camp Quest of Michigan 2009. Understanding that certain activities have a degree of risk and uncertainty involved, and understanding that all reasonable efforts will be made by the staff of Camp Quest to see that these activities are carried out and supervised in a competent and responsible manner, permission is hereby given, or denied, as individually indicated below, for the camper above named to participate in the activity. Because of circumstances that may or may not be within our control, it may not be possible to offer all activities listed below.

Climbing Wall and Tower

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is conducted by them in cooperation with Camp Quest staff after a brief training session. This activity requires moderate physical exertion, and the camper will wear appropriate safety gear at all times. No charge to camper.
_____ Permission Granted _____ Permission Denied

Horseback Riding

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is conducted by them in cooperation with the staff of Camp Quest. Riders will wear appropriate safety gear at all times. No charge to camper.
_____ Permission Granted _____ Permission Denied

Canoeing/Kayaking

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is scheduled and conducted by them in cooperation with the staff of Camp Quest. After a training session, one gets in a canoe and paddles about on the lake (wearing a life jacket, of course). No charge.
_____ Permission Granted _____ Permission Denied

Swimming

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is scheduled and conducted by them in cooperation with the staff of Camp Quest. All campers will take a swim test to evaluate their competency in the water. Campers will abide by a "buddy system" instituted by the lifeguards. No charge.
_____ Permission Granted _____ Permission Denied

Archery

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is conducted by them in cooperation with Camp Quest staff after a brief training session. No charge to camper.
_____ Permission Granted _____ Permission Denied

Riflery (tentative, awaiting confirmation)

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is conducted by them in cooperation with Camp Quest staff after a brief training session. The camper will wear appropriate safety gear at all times. No charge to camper.
_____ Permission Granted _____ Permission Denied

Zip Line

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is conducted by them in cooperation with Camp Quest staff after a brief training session. This activity requires moderate physical exertion, and the camper will wear appropriate safety gear at all times. No charge to camper.
_____ Permission Granted _____ Permission Denied

High Ropes

Comment: This activity is offered by the staff of 4-H Camp Kidwell. It is conducted by them in cooperation with Camp Quest staff after a brief training session. This activity requires moderate physical exertion, and the camper will wear appropriate safety gear at all times. No charge to camper.
_____ Permission Granted _____ Permission Denied

Signed _____

Date _____

For questions or information, e-mail michigan@camp-quest.org
Web Site: <http://michigan.camp-quest.org>

Camp Quest of Michigan 2010

July 18 – July 24, 2010

CAMPER INFORMATION: What To Bring To Camp

(Please clearly mark all items with camper's name—Can't tell you how important this is)

- shorts and t-shirts to last 7 days
 - long pants (for horseback riding) and long sleeved shirt
 - hat or cap
 - night wear
 - underwear and socks
 - jacket and/or sweatshirt
 - rain poncho
 - canteen or water bottle
 - personal drinking cup (unbreakable)
 - personal articles (toothbrush & toothpaste, soap in soap dish, etc.)
 - stationery, envelopes and stamps
 - two pairs of shoes (one old enough to wade in, or pool shoes) flipflops may be worn in cabins or shower ONLY
 - sleeping bag (preferred) or bedding & pillow (none is provided)
 - waterproof tarp or ground cloth (if camper is going on the overnight sleep out)
 - flashlight (and extra batteries)
 - bathing suit & sunscreen lotion (optional -- swim goggles)
 - towels & washcloths
 - optional items could include ball glove, binoculars, books, cards, checkers, chess, etc.
- (no pets; no cell phones; no electronics except cameras)
(Camp Quest is not responsible for lost items.)

Registration: Sunday, July 18, 2010 12:00--5:00 P.M. (Eastern Daylight Time)

("Dining Hall" area of 4H Camp Kidwell --Directions to be provided separately)

Step 1) Receive Name Tags, Tee Shirts and Cabin Assignments

Step 2) Meet Camp Medical Officer (Provide any required medications)

Step 3) Meet Counselor, Set Up Bunk, and

Get Ready to Have a Good Time

Check Out: Saturday, July 24, BEFORE 10:00 am (Eastern Daylight Time)

For questions or information, e-mail michigan@camp-quest.org
Web Site: <http://michigan.camp-quest.org> phone 248-330-5061

Camp Quest of Michigan 2010

THINGS CAMPER _____ STILL NEEDS TO DO, FILL OUT, PROVIDE, SEND IN, PAY, FINISH UP, OR WHATEVER, TO COMPLETE REGISTRATION:

- Nothing. This camper is fully registered and ready to go.
 - Registration form.
 - Photo of camper (yes, even if you sent one last year—kids change fast).
 - Health History Form.
 - Permission to Engage in Specific Activities.
 - Parent and Camper Statement of Understanding of Camp Quest Policy.
 - Balance of camp registration fee in the amount of \$_____
 - Money for extra T-shirts, extra group photo
- (these items are all completely optional).

If any form is checked as still needed, a copy of that form should be enclosed.
The Camp Quest web site listed below also has forms that can be printed out.

For questions or information, e-mail michigan@camp-quest.org

Web Site: <http://michigan.camp-quest.org>

HEALTH HISTORY RECORD

Michigan Department of Human Services

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	
1.	Hay fever, asthma, or wheezing		<input type="checkbox"/>	<input type="checkbox"/>	7.	Trouble with passing urine or bowel movements
2.	Eczema or frequent skin rashes		<input type="checkbox"/>	<input type="checkbox"/>	8.	Shortness of breath
3.	Convulsions/seizures		<input type="checkbox"/>	<input type="checkbox"/>	9.	Speech problems
4.	Heart Trouble		<input type="checkbox"/>	<input type="checkbox"/>	10.	Menstrual Problems
5.	Diabetes		<input type="checkbox"/>	<input type="checkbox"/>	11.	Dental problems
6.	Frequent colds, sore, throats, ear aches (4 or more per Year)		<input type="checkbox"/>	<input type="checkbox"/>	12.	Other
						<input type="checkbox"/> Yes <input type="checkbox"/> No

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
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Operations or Injuries

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

Medication 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
			<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? 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	Date
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The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.

MEDICAL EMERGENCY CARE AUTHORIZATION

Michigan Department of Human Services

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

OCAL-3978 (Rev. 4-05) Previous edition may be used. MS Word

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 Human 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 Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	

OCAL-3978 (Rev. 4-05) Previous edition may be used. MS Word

4-H Camp Kidwell Wavier and Release of Liability

Participant & Parent/Guardian Name:

Participant (print) / Parent/Guardian (print)

Please INITIAL below to indicate that you have read, understood and agree to the section following your initials.

Parents/guardians/legal representatives should initial on behalf of participating minor after discussing each section with them, indicating that both the minor and the parent/guardian/legal representative agree to each section.

I state that I am not now under the influence of any chemical substance including alcohol, and that I will not be under the influence of any substance when participating in the camping program at 4-H Camp Kidwell. I realize participating in camping based activities while under the influence of a substance would endanger myself and others.

I am aware that I might be photographed, videotaped and/or recorded through other media types during my participation, and authorize such media to be used by 4-H Camp Kidwell in training and/or promotional materials at any point in the future. I understand that my name will NOT be used and/or published in any way and that I will not receive compensation for the use of such photographs and/or videotapes.

I understand that camping activities such as, but not limited to, swimming, horseback riding, canoeing, climbing tower, high ropes course, etc are, by their nature, physically and emotionally demanding, and that participating in camp activities may involve risks such as walking, bending, twisting, pulling, lifting, running, jumping, swinging, increased heart or breath rates and/or physical contact with others.

I understand that although the 4-H Camp Kidwell staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, bruises, scrapes, fractures, dislocations, fatalities, etc.). I am aware that certain risks and dangers exist in the activities that are beyond the control of 4-H Camp Kidwell and their employees.

I understand that I have the right and the responsibility to limit my participation in any activity that I believe will compromise my safety, and agree to notify a 4-H Camp Kidwell employee if I have safety concerns. 4-H Camp Kidwell practices the "Choose Your Challenge" philosophy. This means, if I choose to physically participate in any of the activities, I voluntarily assume all risks associated with such participation.

I understand that 4-H Camp Kidwell staff has the right to deny my participation and that it is my responsibility as a participant to follow the instructions, guidelines, and procedures established by 4-H Camp Kidwell. If, at any time, I do not understand or have not heard specific instructions provided by 4-H Camp Kidwell, I realize it is my responsibility to ask for clarification and/or assistance before any participation.

I understand and assume all dangers and risks (both known and unknown) associated with my participation in the camping program and waive, release and discharge 4-H Camp Kidwell and their agents, officers, and employees from all claims or causes of action arising from my participation. I do hereby release 4-H Camp Kidwell, and their agents, officers, and employees from any and all liability, even if arising from the negligence of the releasees, and agree to indemnify and ever have as a direct or indirect result of participating in the challenge course program. This release, indemnification, and waiver shall be construed broadly to the maximum extent under applicable law.

My signature on this document is also intended to bind my representatives, administrators, successors, heirs, next of kin, and assigns on my behalf.

By signing below I am agreeing that I have carefully read and agree to all of the sections initialed above.

Participant Signature (Minors must sign) Date

Parent/guardian/legal representative signature Relationship Date (Required if Participant is under 18 years of age)

4-H Camp Kidwell 39000 1st Ave Bloomingdale, MI 49026 269-521-3559 * campkidwell@btc-bci.com * www.campkidwell.org

In accordance with Federal Law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382(TTD). USDA is an equal opportunity provider and employer."