

*Above for office use only.*



# Camp Roger 2017 Summer Camp Registration

*Use for Day Camp, Resident Camp and Wilderness Trips.*

## CAMPER/FAMILY INFORMATION

Camper's full name: \_\_\_\_\_ Camper's preferred name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Age: (at time of camp) \_\_\_\_\_ Sex:  Male  Female  
 School grade next year: \_\_\_\_\_ School: \_\_\_\_\_ Church: \_\_\_\_\_  
 Home address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Father's name: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_  
 Father's email: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_  
 Mother's email: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
 Emergency contact (other than parent): \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## SESSION SELECTION (session dates are listed in the summer camp brochure and on the website at CampRoger.org)

### Day Camp Sessions

A  B  C  D  E  F

### Resident Camp Sessions

4-Day:  S1  S5  S7  S9  S11  
 8-Day:  S2  S3  S4  S6  S8  S10

### Wilderness Trips

Girls Pioneer:  P2-G  P3-G  P6-G  P10-G  
 Boys Pioneer:  P3-B  P4-B  P6-B  P8-B  
 Coed Voyager:  V4/5  V6/7  V8/9  V10/11

*Please indicate session(s) desired:*

Session name: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Session name: \_\_\_\_\_ Dates: \_\_\_\_\_

## FINANCIAL AID

1. Are you applying for financial aid?  Yes  No If applying for financial aid, please answer the following questions:

2. What was your adjusted gross household income from your most recent tax return?:

\$0-20,000  \$20,001-25,000  \$25,001-30,000  \$30,001-35,000  
 \$35,001-40,000  \$40,001-45,000  \$45,001-50,000  \$50,001-55,000  
 \$55,001-60,000  \$60,001-65,000  \$65,001-70,000  \$70,001-75,000

3. How many children are in your household?  One  Two  Three or more

I verify this information is correct and accurate. I understand Camp Roger has limited scholarship funds

available and this information accurately reflects my ability to contribute toward the camper's experience.

*Note that financial aid is awarded according to the Financial Aid Adjusted Fee Scale on our website and will be noted on the registration confirmation that you will receive. Financial aid is available for one Day Camp session and one overnight session per camper.*

**CAMPER FEE** (Day Camp, \$195; 4-Day, \$345; 8-Day, \$570; Pioneer, \$610; Voyager, \$690): \$ \_\_\_\_\_

We are applying for Financial Aid and the anticipated adjusted camper fee is: \$ \_\_\_\_\_

or  I claim the \$20 sibling discount for an additional child beyond the first camper registered: - \$ \_\_\_\_\_

*Sibling discount may not be combined with financial aid.*

Additional fee for a food allergy or vegetarian menu (4-Day, \$25; 8-Day, \$50; Pioneer, \$50; Voyager, \$50): + \$ \_\_\_\_\_

Additional fee for Day Camp transportation to Camp Scottie (\$35/session): + \$ \_\_\_\_\_

## PAYMENT

For Day Camp, a \$50 minimum deposit is required for each session: \$ \_\_\_\_\_

For Resident Camp/Wilderness Trips, a \$100 minimum deposit is required for each session: \$ \_\_\_\_\_

Donation enclosed to support Camp Roger's scholarship fund: \$ \_\_\_\_\_

Total payment enclosed (Payment may be made via check or credit card.): \$ \_\_\_\_\_

If paying with credit card:  Visa  MasterCard  Discover  AmEx #: \_\_\_\_\_

Name on card (please print): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Billing street address and zip code: \_\_\_\_\_ Security/CVV: \_\_\_\_\_

Camper's full name: \_\_\_\_\_

**PERMISSION/AUTHORIZATION:**

I hereby give permission for the camper to participate in recreational activities conducted by Camp Roger, including but not limited to zip line, climbing tower, high-ropes adventure course, rope swing, target sports, boating, canoeing, and off-site and/or overnight camping, backpacking, and/or canoe trips, and for Camp Roger to transport the camper in vehicles to and from Camp Roger's facilities and/or off-site trip locations. I understand that recreational activities conducted by Camp Roger involve certain inherent risks. On behalf of myself and the camper, I acknowledge and assume these risks, and release Camp Roger, its employees and volunteers, from liability for personal injury or death arising out of the camper's participation in these recreational activities.

I permit Camp Roger to take photographic images and/or audio or video recordings of the camper for promotional, educational, and/or other purposes in furtherance of Camp Roger's mission. I authorize Camp Roger to use and distribute such images or recordings in its physical and electronic publications, including but not limited to pamphlets, brochures, reports, website, and social media accounts. I acknowledge that such images and recordings are the property of Camp Roger, and that no compensation or prior notification will be given for their use or distribution. I hereby release Camp Roger, its employees and volunteers, from liability for any and all claims related to the creation, use, or distribution of such images or recordings. If you have any questions regarding the photography policy, please call the camp office.

This form may be photocopied for use on off-site trips.

**Signature of parent or authorized person:** \_\_\_\_\_

**ADDITIONAL CAMPER INFORMATION**

*(Answers to the following questions help our staff better care for the camper.)*

Does the camper live with both parents?  Yes  No

Does the camper have permission from both parents to attend camp?  Yes  No

Is the camper coming to Camp Roger as a summer camper for the first time?  Yes  No

If yes, how did you hear about us?  Other family members have gone to camp in the past  Word of Mouth  Invited by a friend  
 Attended an Outdoor Education program  Website  School/Church  Mailing  Facebook  Email  
 Other: \_\_\_\_\_

Does the camper have any special fears? \_\_\_\_\_

Does the camper have any activity restrictions? \_\_\_\_\_

Does the camper have any allergies (food or otherwise)? \_\_\_\_\_

Will the camper be part of Camp Roger's program for campers with special needs?  Yes  No

*If yes, call to check availability and request an application prior to sending in this registration form.*

Does the camper have any special interests or hobbies? \_\_\_\_\_

Is there something specific that you would like the camper to gain from his/her camp experience? \_\_\_\_\_

**OVERNIGHT CAMP ONLY**

Cabinmate requests (list 1 or 2): \_\_\_\_\_

*These cabinmates should request your child too. Cabinmates must be **within two grades** of each other.*

Will the camper be returning home with someone other than his/her parents?  Yes  No

If yes, with whom? \_\_\_\_\_

What are the camper's sleep habits? \_\_\_\_\_

Should the camper be awakened at night to use the restroom?  Yes  No If yes, what time? \_\_\_\_\_

Has the camper ever been away from home for more than two days?  Yes  No

**DAY CAMP ONLY**

Friend/sibling requests for group assignments (list 1 or 2): \_\_\_\_\_

*Friends/siblings must be **within one grade** of each other. There will be opportunities throughout the day for all children to interact together.*

Please list the individuals authorized to pick up the camper: \_\_\_\_\_

Transportation to Camp Scottie is available at an additional cost. Would you like to utilize this service?  Yes  No

If yes, which pick-up/drop-off location along East Beltline/Northland Drive do you prefer?

11 Mile Road/Rockford  17 Mile Road/Cedar Springs  22 Mile Road/Sand Lake