

Above for office use only.



Camp Roger 2019 Summer Camp Registration

Use for Day Camp, Overnight 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 at CampRoger.org/summer-camp)

Day Camp Sessions

A B C D E F G H

Overnight Camp Sessions

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

Wilderness Trips

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

Please indicate session(s) desired:

Session name: _____ Dates: _____
 Session name: _____ Dates: _____

FLEXIBLE PRICING (see 2019 camp fees based on annual household income at CampRoger.org/summer-camp-pricing)

True Price – pay the full cost of a camp session
 Standard Pricing – pay the traditional camp fee which is offset by Annual Fund donors
(Edge of Summer Discount: receive \$100 off the Standard Price for Overnight Camp Sessions 1, 2 and 10.)

OR Choose the household income level that matches your situation and Camp's financial aid fund helps to cover the rest:

\$0-20,000 \$20,001-30,000 \$30,001-40,000 \$40,001-50,000
 \$50,001-60,000 \$60,001-70,000 \$70,001-80,000 \$80,001-90,000 Anticipated price: \$ _____
(Flexible prices based on income are available for up to 4 day camp sessions and 2 overnight camp sessions per camper.)

CAMP OPTIONS

For Day Camp Sessions:
 Bus Transportation to/from Camp Scottie (\$40/session): + \$ _____

For Overnight Camp/Wilderness Trip Sessions:
 Sibling Discount for an additional child beyond the first camper registered (\$20): - \$ _____
 Additional fee for a food allergy or vegetarian menu (4-Day, \$25; 8-Day, \$50; Pioneer, \$50; Voyager, \$50): + \$ _____

PAYMENT

For Day Camp, a \$35 minimum deposit is required for each session: \$ _____
 For Overnight Camp/Wilderness Trips, a \$100 minimum deposit is required for each session: \$ _____
 Donation enclosed to support Camp Roger's financial aid 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 in its programs, including but not limited to zip line, climbing tower, high-ropes adventure course, swimming, 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.)

Family Status: Married Divorced Separated Single Mother Single Father Other: _____

Custody: Mother Father Joint Grandparent(s) Guardian(s) Other: _____

Will this be the camper's first time as a summer camper at Camp Roger/Camp Scottie? Yes No

How did you hear about Camp Roger/Camp Scottie? 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: _____

Will a church or agency be financially sponsoring the camper? Yes No If so, who? _____

Does the camper have any special fears? _____

Does the camper have any activity restrictions? _____

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

Does the camper have a diagnosed area of disability, a medical condition or one-on-one assistance at school? Yes No

If yes or unsure, please call the camp office before registering to discuss what accommodations may be available.

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/WILDERNESS TRIPS ONLY

Cabinmate requests (list 1 or 2): _____

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

Who will be picking up the camper at the end of the session? _____

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 slept away from home/parents? 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 for an additional fee (see the Camp Options section on page 1). Bus stops will be at exits along US-131 and details will be communicated prior to the start of the session.

Please choose where your camper will be dropped off and picked up for Day Camp: Camp Scottie

Sand Lake exit #110 (22 Mile Road) Cedar Springs exit #104 (17 Mile Road) Rockford exit #97 (10 Mile Road)

NE Grand Rapids exit #91 (West River Drive)

Mail (with deposit/payment) to: Camp Roger, 8356 Belding Road, Rockford, MI 49341

Questions? Call (616) 874-7286