

For office use only:

Date:

Check #:

Amount:



# Camp Roger

## Home School Program Registration Form

September 2019 – May 2020

Register online at [CampRoger.org](http://CampRoger.org) or mail form and payment to Camp Roger.

Student's Name: \_\_\_\_\_ Gender: **M** or **F** DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

*(someone other than parent)*

Emergency Contact Person Phone #: \_\_\_\_\_

**Class Selection** – Please indicate preferred program, day of the week and location:

**Elementary Program (Week 1) – cost: \$155**

*(Ages 6-12 by September 30)*

- Mondays at Camp Roger
- Tuesdays at Camp Roger
- Wednesdays at Camp Roger
- Thursdays at Camp Roger
- Fridays at Camp Roger

**Elementary Enrichment Optional Add-On (\$52)**

*(Ages 6-12 by September 30)*

- Nov 26, Jan 21 and Mar 24 at Camp Roger

**Camp Scottie Program (Week 2) – cost: \$155**

*(Ages 6-15 by September 30)*

- Wednesdays at Camp Scottie (Howard City)

**Middle School Program (Week 2) – cost: \$155**

*(Ages 11-15 by September 30)*

- Tuesdays at Camp Roger
- Thursdays at Camp Roger

**High School Program (Week 2) – cost: \$195**

*(Ages 14-17 by September 30)*

- Fridays at Camp Roger

**Registration Information:** Please complete one Registration Form and one Participation Form for each student. Registrations received after September 1 will have an additional \$25 fee added. Please submit this payment with the registration form. Your place will not be reserved until both have been received by our office. **Cancelling by September 1 will incur a \$25 administration fee. The remainder of your fee will be refunded. Refunds will not be given for cancellations after September 1. Registrations are non-transferable.**

To help promote more individualized attention and better relationship building, a maximum of 45 students are accepted each program day. Please note: For the Elementary program at the Camp Roger campus, students will be generally grouped by age to help develop more individualized instruction (e.g. ages 6-8, ages 8-10, ages 10-12). For the program at the Camp Scottie campus, group configurations will be based on the age and number of students enrolled. Requests for your child to be in a group with one or two friends are welcomed, keeping in mind those age parameters. Please understand, though, that groups will be made prior to the first class and after that no further changes will be made. Thank you for understanding. You may call Deb or Reuben (616-874-7286) with questions. More information is available on our website: [www.camproger.org](http://www.camproger.org).

**Friend request:** 1. \_\_\_\_\_ 2. \_\_\_\_\_



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# Camp Roger

## Home School Program Participation Form

(please complete one form for each student)

Student Name: \_\_\_\_\_

**Health History Information:** Please consider your child's health carefully and provide all pertinent information. Camp staff will not be administering prescription medications, but in the event of an emergency, please list meds the student is currently taking. Occasionally as part of the curriculum and camp experience, camp staff offers optional food and drink items, e.g. marshmallows, hot chocolate, and other campfire foods. We ask that students with dietary restrictions abstain from these items when necessary. Please discuss any concerns you may have with a Camp Roger instructor before participating.

<b>Prescription Medications:</b>
<b>Allergies:</b> <i>(food, plant, insect, etc.)</i>
<b>Medical Illnesses or Conditions:</b> <i>(asthma, diabetes, seizures, physical limitations, etc.)</i>
<b>Other important information:</b>

**Permission/Authorization:** I hereby give permission for the student to participate in recreational activities conducted by Camp Roger, including but not limited to the high-ropes adventure course, climbing tower, zipline, games, target sports, hiking, snowshoeing, cross country skiing, sledding, boating, canoeing and/or water activities. I understand that recreational activities conducted by Camp Roger involve certain inherent risks. On behalf of myself and the student, 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 student's participation in these recreational activities.

**Medical Authorization:** I hereby authorize Camp Roger to provide and/or procure necessary routine or emergency medical care for the student, (including but not limited to diagnostic imaging, laboratory tests, outpatient treatment, surgical intervention, and in-patient hospitalization), and consent to the administration of such medical care. I further authorize Camp Roger and the medical care provider to release and/or receive any records necessary for medical, billing, or insurance purposes related to such medical care.

This health history is complete and accurate to the best of my knowledge, and the student herein described has permission to fully participate in all Camp Roger activities, unless otherwise noted above. I understand that non-prescription medications (e.g. Tylenol, Ibuprofen, etc.) may be administered to the student as needed if deemed appropriate by the camp staff.

**Photo Policy:** I permit Camp Roger to take photographic images and/or audio or video recordings of the student 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 do not wish to have your student photographed, please initial here: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

