

MICHIGAN OPERATION MILITARY KIDS SUMMER CAMPS REGISTRATION FORM

Full legal name _____
 (Last) (First) (MI)
 Street _____
 City _____
 State _____ ZIP _____ Phone (____) _____
 E-mail address _____
 County _____ Sex: Male Female
 Branch of Military Affiliated With: _____

STATUS (must check one):

- Youth—Not a 4-H member
- Youth—4-H member
- Military Volunteer (aged 21 & up)

Please check all that apply:

- Disability – wheelchair user
- Disability – physical (please indicate): _____
- Disability – learning/functional (please indicate): _____
- Special dietary needs (please indicate): _____

T-SHIRT SIZE (must check one):

- Youth Small Youth Medium Youth Large
- Adult Medium Adult Large Adult X-Large

RESIDENCE DESCRIPTION:

- Urban Rural, but not on a farm
- Suburban Farm

RACIAL-ETHNIC CATEGORY (Optional)

Are you of Hispanic ethnicity? Yes No

- African Am./Black White
- Am. Indian/Alaskan Native White & Am. Indian/Alaskan Native
- Asian White & Asian
- Black & Am. Indian/Alaskan Native White & Black
- Native Hawaiian/Pacific Islander Other Mixed Heritage: _____

YOUTH ONLY:

Age on 01/01/09: _____ Date of birth: ___/___/___
 Last Grade Completed: _____
 Name of school you attend or will attend: _____
 School city: _____
 U.S. Citizen: Yes No

REGISTRATION CHOICES:

Life in the Middle East MSU Style **\$10**
 East Lansing, MI
 Tuesday, June 30 9am to 4pm
1st to 8th graders only
Cost includes: Lunch, snacks, and a T-shirt

Camp Kidwell Krash Course **\$50**
 Allegan, MI
 6 pm July 8—2pm July 10
Ages 10 to 14 only
Cost includes: Breakfast, lunch, dinner, snacks, T-shirt

Kettunen Center Teen Camp **\$50**
 Tustin, MI
 12pm July 14—12pm July 17
Ages 13 to 17 only
Cost includes: Breakfast, lunch, dinner, snacks, T-shirt

Life in the Middle East MSU Style **\$10**
 East Lansing, MI
 Tuesday, July 21 9am to 4pm
1st to 8th graders only
Cost includes: Lunch, snacks, and a T-shirt

Selfridge Field Day **\$10**
 Mt. Clemens, MI
 Thursday, July 23 9am to 4pm
1st to 8th graders only
Cost includes: Lunch, snacks, and a T-shirt

Camp Grayling Field Day **\$10**
 Grayling, MI
 Tuesday, August 25 9am to 4pm
1st to 8th graders only
Cost includes: Lunch, snacks, and a T-shirt

Alpena Youth Camp **\$10**
 *Subject to Change
 Thursday, August 27 9am to 4pm
4th to 8th graders only
Cost includes: Lunch, snacks, and a T-shirt

PAYMENT OPTIONS

\$30 Maximum Fee for multiple family members at day camps. Discounted prices and financial assistance is available for overnight camps.

PAYMENT

Payments must be sent in with the registration form two weeks prior to the camp date. Please make your check or money order payable to MSU Extension. Please send this form and payment to the MSU Extension Office Attn: OMK at 160 Agriculture Hall East Lansing, MI 48824. *Refunds will not be given three days prior to the event.*

PARENT OR GUARDIAN CONSENT/MEDICAL TREATMENT AUTHORIZATION FORM

This form, the Registration Form and the Code of Conduct/Media Release Form are due to the MSU Extension office **two weeks** prior to your camp date. The Overnight Housing Permission Form must also be completed and turned in for those participants attending the Camp Kidwell or Kettunen Center Overnight Teen Camps.

There are four places on these forms that must be signed by a parent or guardian of a minor participant or by participants aged 18 and up.

SECTION 1 – PARENT/GUARDIAN CONSENT

Required for youth under age 18 to participate.

I hereby grant permission for my child (print name) _____ to participate in all educational and social activities of Operation Military Kids Summer Camps 2009 sponsored by Michigan State University Extension's Children, Youth, Families, and Communities.

I understand that some camps have special risks. I have read the camp descriptions and approve of my child's camp selection(s). I accept any risks associated with my child's assigned camp(s) and selected recreational activities.

Name of Parent/Guardian (Please print): _____

Signature: _____ Date: _____

SECTION 2 – MEDICAL TREATMENT AUTHORIZATION

This section must be completed and signed by a parent or guardian for all youth participants before they can participate in this program. If this form is not completed, youth participants will not be allowed to participate. Completing this section is optional but encouraged for adult participants.

Please complete this form to give a medical facility permission to treat the participant for minor injuries or medical problems. In the event of serious injury or illness, the parent or person designated will be contacted. Treatment will proceed before contacting the parent or person designated **only if the situation is urgent and does not permit delay.**

Participant's full legal name _____

Birth date _____

Parent phone—day:(_____) _____

evening:(_____) _____

Mailing address _____

Primary care physician's name _____

Physician's address _____

Physician's phone (_____) _____

HEALTH INSURANCE INFORMATION:

Policy holder's name and relationship to participant _____

Policy holder's address _____

Please attach a photocopy of both sides of your insurance card or complete the information requested below.

Insurance company name and address _____

Insurance company phone number (_____) _____

All policy numbers (please identify) _____

If you have HMO insurance, please list the emergency treatment authorization phone number

(_____) _____

Employer's name and address _____

Business phone (_____) _____

INFORMATION NEEDED ABOUT PARTICIPANT:

Please check yes or no. If yes, explain below or on another sheet if you need more room.

YES **NO** Does the participant have any chronic health problem or illness?

Does he or she have any acute illness now?

Has the person been treated recently for some medical problem?

List any medications he or she is now taking for treatment of any medical problem. _____

Does the participant have any allergies to medication or local anesthetics?

Does he or she have any allergies?

Date of his or her last tetanus shot _____

OFFICIAL AUTHORIZATION FOLLOWS:

I (parent or legal guardian), _____ recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that MSU CYFC staff may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize insurance payment directly to the medical facility.

Signature of Parent/Guardian or of participant aged 18 and up _____

Date _____

4-H Overnight Housing Parent/Guardian Permission Form - KETTUNEN CENTER TEEN CAMP -

Parent/Guardian: Please complete the following information and return the top portion of this sheet to B'Onko Sadler, MSUE CYFC, 160 Agriculture Hall, East Lansing, MI 48825 **two weeks** prior the camp date. **Keep the information at the bottom of this form for your records.**

I understand that my child _____ will be attending
(name of child)

_____ on _____
(name of event) (date of event)

at _____ and that he or she may be sharing lodging
(location of event)

with an unrelated adult (21 or older) who has been through the Michigan State University Extension Child Well-Being Volunteer Selection Process* and with at least one other youth. By signing this form I give my permission for my child to attend this event under these lodging conditions. I also understand the Michigan 4-H Code of Conduct** expectations for adults and youth attending this event.

Signature of Parent/Guardian

Date



Parent/Guardian: Keep this information for your records:

Name of event: Kettunen Center Teen Camp

Date of event: July 14—17, 2009

Location of event: Kettunen Center—Tustin, MI

In case of an emergency requiring you to contact your child during the event, contact:

B'Onko Sadler
(231) 829-3421

*For more information on the Michigan State University Extension Volunteer Selection Process, contact a local 4-H staff member or go to <http://web1.msue.msu.edu/msue/cyf/youth/cwbvsp.html>

**For more information on the Michigan 4-H Code of Conduct, please review the Code of Conduct/Media Release Permission Form.

4-H Overnight Housing Parent/Guardian Permission Form -CAMP KIDWELL KRASH COURSE-

Parent/Guardian: Please complete the following information and return the top portion of this sheet to B'Onko Sadler, MSUE CYFC, 160 Agriculture Hall, East Lansing, MI 48825 **two weeks** prior the camp date. **Keep the information at the bottom of this form for your records.**

I understand that my child _____ will be attending
(name of child)

_____ on _____
(name of event) (date of event)

at _____ and that he or she may be sharing lodging
(location of event)

with an unrelated adult (21 or older) who has been through the Michigan State University Extension Child Well-Being Volunteer Selection Process* and with at least one other youth. By signing this form I give my permission for my child to attend this event under these lodging conditions. I also understand the Michigan 4-H Code of Conduct** expectations for adults and youth attending this event.

Signature of Parent/Guardian

Date



Parent/Guardian: Keep this information for your records:

Name of event: Camp Kidwell Krash Course

Date of event: July 8—10, 2009

Location of event: Camp Kidwell—Bloomingdale, MI

In case of an emergency requiring you to contact your child during the event, contact:

B'Onko Sadler
(269)521-3559

*For more information on the Michigan State University Extension Volunteer Selection Process, contact a local 4-H staff member or go to <http://web1.msue.msu.edu/msue/cyf/youth/cwbvsp.html>

**For more information on the Michigan 4-H Code of Conduct, please review the Code of Conduct/Media Release Permission Form.