

Haven Place Youth Camp June 23 to 29, 2024
Due June 9 \$40 per student. After June 9 \$80 per student.

Child

First _____ Middle _____ Last _____

Gender: Male ___ Female ___ School Name _____ Grade _____ Age _____

Birth date ___/___/___

Street Address _____

Town/City _____ State _____ Zip code _____

Child's Home Phone _____ T-Shirt size small medium large x-large 1x 2x 3x

Parent/Guardian - Contact Information

Parent/Guardian #1 First _____ Last _____

Relation to student _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Work phone _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian - Contact Information

Parent/Guardian #2 First _____ Last _____

Relation to student _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Work phone _____ E-mail _____

Occupation _____ Employer _____

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Emergency Contact Information – Alternate Pickup/Release

Emergency Contact (other than parent/guardian)

First Name _____ Last Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Relation to child _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ Phone# _____

2: _____ Phone# _____

Medical Release Information

Insurance Information

Policy Number _____

Name of Health Insurance _____ Provider _____

Primary Physician _____

Address _____

Phone _____

Hospital Preference _____

In case of medical emergency contact:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent/Guardian initials _____

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In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician). I understand that Haven Place Inc. will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent/Guardian Signature: _____ Date: _____

Medical History and Information

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes ___ No ___ If yes,

explain: _____

List medications

Medication _____	Day _____	Time _____
Medication _____	Day _____	Time _____
Medication _____	Day _____	Time _____
Medication _____	Day _____	Time _____

Is your child **allergic** to any type of food or medication?

Yes ___ No ___ If yes,

explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes,

explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of your child's history and medications to determine best course of treatment.

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Terms of Agreement: Photo Release

I hereby give permission for my child to be photographed during the Haven Place Youth Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Haven Place Inc.

Parents/Guardians Initials _____

Transportation Release

I hereby give permission for the transportation of my child for official Haven Place Youth Camp activities by modes of transportation agreed to by the camp organizers.

Parents/Guardians Initials _____

Work Release

I understand that my child will be doing light construction, painting, landscaping, lot clean up and various physically strenuous projects to help Macomb County residents. I also understand that my child will be participating in running a sports camp and various neighbor hood outreach projects.

Parent's/Guardian's Initials _____

Electronics Release: These items are **not to be brought** to Haven Place Youth Camp **Cell Phones**, I-Pods, Multi-tools CD or MP3 Players, Video Game Systems, Tablets / E-readers Laptop Computers. When checking your student into camp it is the parent/guardian responsibility to make sure above items are not on students person or in their belongings. Any electronics turned in by student will be locked in a secure location and returned to student at the end of camp. Any electronics found with student will be confiscated and a call will be made to parent/guardian to pick up their student. If you need to contact your student/parent leaders will have phones on them at all times.

Parent's/Guardian's Initials _____

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Other Items not allowed at Haven Place Youth Camp

Pocket knives, weapons of any kind. Drug Paraphernalia. Alcohol. Cigarettes, Vaping. If any illegal substance is found with student and or his/her belongings, parents will be notified immediately and student will need to be picked up from camp and will not be allowed to return for the duration of the camp.

Parent/Guardian Initials _____

Personal Property

Haven Place Inc. and its sponsors are not responsible for lost or damaged personal property.

Parent/Guardian Initials _____

Dress Code

Please be modest in your clothing. Advertising, graphics & designs must be free from profanity, obscenity, violence, promoting tobacco, drugs or alcohol. One-piece or tankini bathing suits only. Shorts & skirts are to be at least mid-thigh length. All pants/shorts/shirts are to be worn with a natural waist, keeping undergarments covered. Shirts are to cover midriffs, cleavage, shoulders, and backs.

Parent/Guardian Initials _____

Sleeping Arrangements

Please send a **twin size only** bed with your student for space purposes. All youth will be separated according to gender. Men/boys will be setting up sleeping quarters in a designated area with leaders present. Women/girls will be setting up sleeping quarters in a designated area with leaders present. Your child is responsible for their behavior in sleeping areas. No one is allowed to leave sleeping areas when lights are out unless there is an emergency/restroom need in which youth are informed to wake leaders up if such an event occurs. Any youth in violation of following Haven Place camp rules in which their behavior is putting others at risk, disturbing others, disrespectful to peers/leaders, threatening in any fashion, a phone call will be made to parent/guardian, situation will be discussed, solution presented and agreed upon between Haven Place camp founders and parent/guardian.

Parent/Guardian Initials _____

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NOTARY ACKNOWLEDGEMENT:

STATE OF MICHIGAN County of Macomb

Acknowledge before me in Macomb County, Michigan

on the _____ day of _____ by

(Parent/Guardian signature)

Notary Republic

My commission expires: _____

Seal: