

CAMP MOUNT MICHAEL REGISTRATION 2017

Camper Name: _____ Birthday: _____ Age: _____

School Attended 2016 - 2017: _____ Grade in Fall: _____

Number of years at Camp Mount Michael: _____ T-Shirt Size: *Youth Size*: ____ *Adult Size* ____

Please put my son in the same group as: _____

Parent/Guardian: _____ Business Phone: _____

E-Mail: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Camping Sessions 2017 – Each session is \$330 per week

Week 1	June 11 - 16	_____
Week 2	June 18 - 23	_____
Week 3	June 25 - 30	_____
Week 4	July 9 - 14	_____
Week 5	July 16 - 21	_____

NOTE: A \$50 deposit is due along with the application. The entire \$330 can be paid at this time if you wish to do so.

****Early Bird Registration Discount****

Before January 20 \$30 off / Before Feb. 17 \$20 off / Before March 17 \$10 Off

In placing my son in your care, I agree to all terms, regulations and activities of Camp Mount Michael. I agree to bear the burden of any expense arising from accident or illness, which is not covered by the camp insurance policy while my son is under the authorities of the camp.

I understand that the \$50 deposit will be applied towards the total camp fee and is *non-refundable* even in case of disciplinary action and/or homesickness.

Parent/Guardian Signature _____ Date: _____

Mail application to:

Camp Mount Michael
Attn: Camp Director
22520 Mount Michael Road
Elkhorn, NE 68022-3400

Events arise where Mount Michael campers may be photographed or recorded for television, newspaper, website, or radio coverage. If the parents object to this, they must notify the camp director in writing prior to the beginning of their child's camp session.

2017 CAMP MOUNT MICHAEL MEDICAL RELEASE FORM

Emergency Contact (s)

1. _____
 - a. Home: _____
 - b. Cell: _____

2. _____
 - a. Home: _____
 - b. Cell: _____

Hhealth History

My son has the following medical problems which should be noted:

My son has the following allergies which should be noted:

Date of last tetanus shot: _____

Operations or other serious illness: _____

Is your child on medication? _____

What kinds? _____

Which of these will he be bringing to camp?

The health history is correct to the best of my knowledge and the person described herein has permission to engage in all prescribed camp activities except noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child as named above.

I understand that the purpose of this is to totally relieve Camp Mount Michael and its owners, agents, and employees from any and all liability for injuries, deaths or loss of property sustained by me or by my child by any person in my charge as a result of participation in a Camp Mount Michael activity.

Parents/ Guardian Signature _____ Date: _____