



## Camp Wathana

### YOUTH REGISTRATION FORM

To Be Filled Out By Parent or Legal Guardian

Youth's First Name _____	MI _____	Last Name _____
Phone _____	Email Address _____	
Address _____	City _____	State _____ Zip _____
Sex <input type="checkbox"/> M <input type="checkbox"/> F	DOB _____	Grade _____ Name of School _____
Please select your session of choice: Campership: July 5-10; Session A: July 12-17; Session B: July 19-24; Session C: July 26-31; Session D: Aug 2-7		Cost \$340 Camper Cost \$280 CIT
First Choice: _____ Campership _____ A _____ B _____ C _____ D _____ CIT		
<i>Furnishing the following information is optional; it is desired for statistical purposes only. Responses will not affect the applicant's qualification to become a Camp Fire USA member.</i>		
Ethnic/Racial: _____ African-American _____ Hispanic _____ Caucasian _____ Native American _____ Asian _____ Other		
Disabilities:	Total # in Family	Household Income
____ Physical (specify) _____	____ 2-3	____ Under 15,000
____ Developmental (specify) _____	____ 4-5	____ 15,001-25,000
____ Other (specify) _____	____ 6-8	____ 25,001-35,000
Religious Preference _____	____ 8+	____ 35,001-45,000
		____ 45,001-55,000
		____ 55,000+

List specific activities the applicant should not participate in \_\_\_\_\_

Father's or Guardian's name \_\_\_\_\_ Mother's or Guardian's

name \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Hobbies/Interests/Clubs \_\_\_\_\_ Hobbies/Interests/Clubs \_\_\_\_\_

<b>Emergency Contact</b>	
Name _____	Address _____
City _____ State _____ Zip _____	Phone _____ Relationship _____

**I give my permission that my child or ward become a member of the Camp Fire USA council. I will assist in observing the rules of the council, and I waive any claims against Camp Fire USA and the council except for claims arising from gross negligence or willful acts of the council or its agents that may arise from participation in the activities of the Camp Fire USA council. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible of any emergency affecting my child or ward. In the event that I can not be reached in an emergency, I hereby authorize the calling of a physician to provide whatever medical or surgical treatment is necessary. I accept responsibility for the cost of such medical treatments.**

**Parent or Legal Guardian Signature \_\_\_\_\_ date \_\_\_\_\_**

You have my permission to use photographs in which my child or ward appears for Camp Fire USA publicity:  Yes  No \_\_\_\_\_



Parent/Legal Guardian Signature \_\_\_\_\_ date \_\_\_\_\_

## Camp Wathana

### Camper Release and Transportation Authorization Form

Camper's Name \_\_\_\_\_ Session: \_\_\_\_\_

\_\_\_\_\_ has permission to travel to and from Camp Wathana via transportation arranged by Camp Fire USA Wathana Council. I understand that all necessary precautions for safety will be taken. I will not hold Camp Fire USA nor Camp Wathana responsible for any accident, injury, or illness during transportation to or from Camp Wathana.

**OR**

\_\_\_\_\_ will not be riding the bus, I will drop him/her off at Camp Wathana **Sunday by 4pm and pick him/her up on Friday at 4pm.**

**AND**

Campers **must have pick up from authorized individual** Many campers are picked up by family members or family friends. To insure we are releasing your camper to an authorized individual, please list below the people that are authorized to take custody of your child in your absence. Camp Wathana staff will ask to see picture identification (driver's license) and will only release your child to people on this list.

\_\_\_\_\_ has permission to be picked up by :

Your Name \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Alternative #1 \_\_\_\_\_ Relation to Camper \_\_\_\_\_

Alternative #2 \_\_\_\_\_ Relation to Camper \_\_\_\_\_

I authorize any of the above people to take custody of the above named Camper at the end of the camp session (or during the camp session if necessary and with proper notification). All Authorized children picking children up **MUST SHOW PROPER IDENTIFICATION.** By signing below, I understand and agree to the above **TRANSPORTATION AND PICK UP** information.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Session A

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Session B

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Session C

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Session D



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Office Use Only

Early Release YES \_\_\_\_\_ NO \_\_\_\_\_ Reason: \_\_\_\_\_

Date Released \_\_\_\_\_ Transportation \_\_\_\_\_

Released to \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Camp Wathana

### Camper Health History Form

Parents: The following information is requested so that we can work together to meet the physical health and safety needs of your child while they are at camp. It is also needed for the State of Michigan's camp licensing requirements. Please fill out this form completely and sign your consent. Please Print

Campers Name, Last \_\_\_\_\_ First \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_ Child's Age \_\_\_\_\_

**Medication Authorization: (Please check ALL authorized medication)**

<input type="checkbox"/> Anti-itch (Hydrocortisone Cream) - rashes, bug bites, itching	<input type="checkbox"/> Cough Drops – cough or sore throat
<input type="checkbox"/> Tylenol/Acetaminophen – fever, headache, pain	<input type="checkbox"/> Imodium Caplets or Pepto Bismol – diarrhea
<input type="checkbox"/> Metamucil Bars- constipation, if dietary changes have not worked	<input type="checkbox"/> Dimetapp or generic equivalent – runny nose
<input type="checkbox"/> Benadryl or generic equivalent – severe rash, itching, bug bite	<input type="checkbox"/> Tums for upset stomach
<input type="checkbox"/> Antibiotic Ointment (Neosporin) or Antiseptic Wipes – Cuts,	<input type="checkbox"/> Robitussin DM, CF or generic equivalent

**Medical History, Please check any condition which may be of special concern:**

<input type="checkbox"/> Hay fever/asthma/wheezing	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Skin rashes	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep Walking
<input type="checkbox"/> Heart condition	<input type="checkbox"/> Speech problems	<input type="checkbox"/> Menstrual problems
<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sight problems
<input type="checkbox"/> Colds/sore throat/earaches	<input type="checkbox"/> Hearing problems	<input type="checkbox"/> Dental problems
<input type="checkbox"/> Trouble passing urine/stools		

Describe in detail any area of concern checked above and/or describe any additional conditions: \_\_\_\_\_

Any physical restrictions: \_\_\_\_\_

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History of Behavior or emotional problems: \_\_\_\_\_

Recent operation, injury or illness (includes any recent exposure to contagious disease): \_\_\_\_\_

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Food, insect, plants or drugs allergies: \_\_\_\_\_

## Camp Wathana

### Camper Health History Form Page 2

**Are all required immunizations current\*** Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

\*Please attach a copy of the camper's immunization records to this form. Campers will not be allowed to attend camp without these documents on file

**Date of last: Tetanus Shot** \_\_\_\_\_ **TB Skin test** \_\_\_\_\_ **Physical\*\*** \_\_\_\_\_

\*\*Please attach a copy of a physical/health examination (within the last two years) to this form

Name of Campers Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medication:** List any medication (prescription OR over-the counter) that your child is currently taking and is authorized to take while at camp (use additional paper if necessary).

Drug: \_\_\_\_\_ Used for \_\_\_\_\_

Dosage/When/How taken \_\_\_\_\_

Drug: \_\_\_\_\_ Used for \_\_\_\_\_

Dosage/When/How taken \_\_\_\_\_

**Insurance Information:** Camp Fire USA Wathana Council is considered the "secondary insurance provider"

Name of Insurance \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Contract # \_\_\_\_\_

Consent: The above named Camper has my permission to attend Camp Wathana and to participate in all camp activities. Camp Wathana may use slides, video or pictures of the above named Camper for promotional or training purposes. In the event of injury, accident or illness, I authorize Camp Wathana Staff to provide necessary routine, non-surgical medical care and/or to secure advanced emergency medical or surgical treatment for the above named Camper. I understand that every effort will be made to ensure the health and safety of the camper. I agree that Camp Fire USA Wathana Council or Camp Wathana will not be held responsible for losses, claims, expense, suit or action arising out of or connected with the premises during the above named Camper's occupancy at Camp Wathana. By signing below, I confirm that the information on this form is true to the best of my knowledge and I understand and agree to all of the above information.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

With my parent(s) or guardian, I have completed the Camp Health History Form and will assume the responsibility to



exercise good judgment in regard to the health and safety of others and myself while at camp.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date

*Office Use Only*

Early Release YES \_\_\_\_\_ Reason: \_\_\_\_\_ Date \_\_\_\_\_

Transportation \_\_\_\_\_ Released to \_\_\_Parent \_\_\_ Relative \_\_\_ hospital Drivers License \_\_Y\_\_N

\_\_\_\_\_  
Signature of Authorized Parent/Guardian

## Camp Wathana

### Family Application for Free Summer Meals

Child's Name \_\_\_\_\_ Eligible \_\_Yes\_\_ No Session \_\_\_\_\_

Foster Child?	Yes _____	Child's spending money per month \$ _____
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**Participating Children** (use a separate application for each foster child)

Child's Name	List Child's Food Stamp/FIP/FDPIR Case #

*If you listed a Food Stamp/FIP/FDPIR case number for EACH Child, skip to Part 4*

**Income:** List all income and how often it is received; example \$100/mnthly; \$100/twice a mnth; \$100/every other week

Name (list everyone in the household)	Earnings from Work before deductions	Welfare, child support, alimony	Pensions, retirement, social security	Other	Check if NO Income
	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	_____
	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	_____
	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	_____
	\$ _____/____	\$ _____/____	\$ _____/____	\$ _____/____	_____

**Part 4 Signature and Social Security Number (Adult Must Sign)**

Penalties for misrepresentation: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of federal funds; that Program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal criminal laws.

\_\_\_\_\_  
Date

(Signature of Household Member)

\*Adult Social Security Number \_\_\_\_\_ Home Phone # \_\_\_\_\_



Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

**Part 5 Foster Children** In most cases foster children are eligible for free meals regardless of your household income

Foster Home License Number \_\_\_\_\_

\_\_\_\_ A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

\_\_\_\_ B. The child is a resident of a licensed “Group Foster” home or a residential institution.

\_\_\_\_ C. Other (describe) \_\_\_\_\_

*\*\*Only the foster child’s spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the organization.*

**Camp Wathana**  
**Family Application Free**  
**Summer Meals Information Sheet**

Dear Parents or Guardian:

Our organization serves nutritious free meals as part of the federally funded Summer Food Service Programs for Children (SFSP) Children are defined by the SFSP as being 18 years of age and under or persons over 18 who are determined by a state or local public educational agency to be mentally or physically disabled. In order to be eligible for these federal funds, we must document the number of enrolled children with household incomes less than or equal to the SFSP family size/income guidelines. With your cooperation, we can qualify for federal reimbursement and keep costs to you at a minimum. Please complete and return this form.

**How to Apply**

Food Stamps/FIP/FPDIR Households: Write the children’s names, the Food Stamp, FIP or FDPIR case numbers for those children and the signature of an adult household member on the application. If your child(ren) is a member(s) of a Food Stamp, FDPIR, or FIP household, the child(ren) is automatically eligible to receive free meals. If Food Stamp, FIP or FDPIR case numbers are provided, they may be used to verify the current certification for which free meal benefits are claimed.

Foster Child: Write the foster child’s name, his/her personal income, and the signatures of an adult on the application.

All other Households: the application must have the children’s names and the names of all household members. List the amount of income each person received last month with the source of each person’s income (example: pay, Social Security, etc) The signature and the Social Security number of the person completing the application must be included (or the word “none” if that adult does not have a social security number)

**Other Information**

Private Information: our organization will NOT use the information on this application for ANY purpose other than classifying children’s meals in the United States Department of Agriculture food program

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age or disability. Persons with Disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc) should contact USDA’s Target Center at 202 720-2600 (voice and TDD)



Southeast Michigan Council

To file a complain of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Sincerely

Linda Tarjeft,
Executive Director
Camp Fire USA Wathana Council
1-800-860-5840

Camp Wathana
Tell Us About Your Camper!

Parents/guardians-- please take a moment to fill this out so that we may do our best to make your child feel comfortable at camp.

Camper's Name \_\_\_\_\_ Session A or B or C

Has you child been to summer camp before? (Where, when)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Does your camper have any fears/concerns about coming to camp?
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Has your camper ever been away from home before?
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

What activities does your camper enjoy?
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



Is your camper shy or outgoing?

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Is your camper involved in after-school activities such as sports?

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*Thank you for taking the time to fill this out. It will be a great help to us.*