

# Howell Conference & Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 Office # 517-546-0249 Fax # 517-546-1677 www.howellnaturecenter.org

## Day Camp/DCX Confirmation Packet

Registering for camp can be confusing! We understand. In an effort to make the process as organized and painless as possible, we offer you this checklist. Complete the checklist, follow the instructions, and the rest of your camp experience is pure fun!

**These documents should be completed and returned to camp.  
Registration is not considered complete until we have the following on file:**

\_\_\_\_\_ **Completed Registration Form.**

Please make a copy and keep it at home for your reference!

\_\_\_\_\_ **Deposits for each of the weeks you are registering.**

\_\_\_\_\_ **Agreement to Participate for Minors.**

This is our waiver. Campers must have an up to date, complete waiver on file prior to their first day of camp.

\_\_\_\_\_ **Permission Slip and Health History Form for Campers.**

This is our health form. Campers must have an up to date, complete health form on file prior to the first day of camp. If you have concerns relating to your Campers health or medication, please contact our Director prior to the start of Camp.

\_\_\_\_\_ **Parent Checklist.**

Please make a copy and keep it at home for your reference!

This form includes some of the most important information that parents need to be aware of! By initialing each point, parents acknowledge that they understand and agree to abide by the policies and procedures that govern day camp. Please make sure to discuss any policies relevant to your camper with them before the start of their first day of camp!

\_\_\_\_\_ **Field Trip Permission Slip.**

One permission slip will cover the field trips for the entire summer. Instead of receiving a new permission slip Each week, parents will receive an informational sheet. Attendance on a field trip day will automatically mean going on a field trip, and the permissions will already be on file.

**These documents should be read over and kept at home:**

\_\_\_\_\_ **What to bring to Summer Day Camp**

This will help you organize that backpack! It details what and what not to bring to Summer Day Camp.

\_\_\_\_\_ **The rules of Day Camp**

We ask that you read and discuss the rules of day camp with your child. Knowing what is expected of Her/him, and how she/he will be protected and respected at camp makes the first day much more comfortable for everyone!

Thank you for taking the time to complete your registration and turn in all necessary materials! We are so excited to have the opportunity to work with your camper this summer! If you have any further questions after looking over these materials, feel free to contact our registrar at: (517) 546-0249.

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## Day Camp/DCX Parent's Contract

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_

have read and agreed to the following mandatory responsibilities on \_\_\_\_\_  
Date

In the spaces provided, please initial each item, showing that the following agreement has been read and is understood.

\_\_\_\_\_ I will drop off my camper between 8:00-9:00 a.m. daily. If an emergency arises making late drop-off necessary, I will call the camp office at (517) 546-0249.

\_\_\_\_\_ I will pick up my child between 4:00-5:00 p.m. daily. If an emergency arises making late pick-up necessary, I will call the camp office at (517) 546-0249.

\_\_\_\_\_ If I must drop off late or pick up early, I understand that it is **strongly preferred** that I drop off or pick up at lunch time, when the entire group has gathered together in one place.

\_\_\_\_\_ I understand that if I am unable to pick up my child by the scheduled time, I will be charged a late pickup fee. The fee will be \$1 per minute from the time of scheduled pickup until the time I arrive. Late fees will be automatically added to my billing, and late fees accumulated in one week must be paid in full before attending another week of camp.

\_\_\_\_\_ I will provide a proper lunch for my child daily. I will also provide a refillable water bottle to be used all day, every day to maintain hydration.

\_\_\_\_\_ I will ensure that my child is dressed appropriately and has all necessary gear for the program each day, this includes: swimsuit (it is highly recommended that your child wear their suit under their clothes to save on a long wait at changing time), towel, sweatshirt or sweater, hat, appropriate footwear for activities (sandals are not recommended for any activity, but water shoes may be packed for swim time), and has sunscreen and insect repellent already applied.

\_\_\_\_\_ I am aware that inappropriate behaviors will not be tolerated. A child exhibiting any of the following behaviors will be immediately suspended from camp: Violence, sexual harassment, endangering the safety of any camper or staff member, any type of discrimination, theft, verbal abuse, and possession of any type of weapon. The child's parents will be called to pick up the child immediately. At the end of the camp day, the incident will be reviewed by administrative staff and a determination of the child's eligibility for continued attendance at camp will be made. Parents will be notified of the results of this review. Incidents will be handled on a case by case basis. No refund for any camp fees paid will be issued in the event of a disciplinary expulsion.

\_\_\_\_\_ I will ensure that my child follows all camp rules and directions of camp staff for their safety, enjoyment, and the smooth operation of the program.

\_\_\_\_\_ I will check my child's belongings each day before drop off and pick up from camp so no personal items are brought, lost or misplaced. Due to the volume of lost and found, we will hold unclaimed, unidentifiable items for one week only. Putting my child's name on every item I send to camp will help avoid this problem.

\_\_\_\_\_ If I bring my child early or late to camp, I will follow the normal check in and check out procedure, making certain they are in the building or taken safely to their group before departure. I will never leave my camper unattended in the parking lot or grounds, nor will I take them from the property early without notifying camp staff.

\_\_\_\_\_ I will maintain on file an accurate, fully completed Health History Form for the safety of my

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## Day Camp/DCX Parent's Contract continued...

- \_\_\_\_\_ I will make certain that any changes in my child's medical records/emergency phone numbers will be updated immediately to ensure the safety of my child. I also understand that in the event of an emergency, the emergency number listed on my child's registration will be called, and then the physician listed on my child's registration form may be called and an ambulance will be called to transport my child to the nearest hospital for care. I further understand that I will be responsible for covering any medical costs that arise from treatment or emergency transportation.
- \_\_\_\_\_ I understand that emergency rescue medication may need to be carried on the campers person. **These and all medication must be checked in to the Health Officer.** No camper is permitted to carry medications the counseling and Health Staff have not been made aware of.
- \_\_\_\_\_ **I am aware that full payment of tuition for a day camp week is due the Monday prior to the registered week.**
- \_\_\_\_\_ I am aware that cancellations will be accepted only by writing via fax, email or personal delivery in the main office, and must be received **seven days** prior to registered day to be eligible for a refund. I understand that refunds will be issued in the form of a credit for future days or weeks of camp, subject to availability. I understand that Day Camp operates rain or shine and will offer activities as weather allows. I understand that there will be no refunds issued for changes in the schedule necessitated by weather issues or unforeseen circumstances.
- \_\_\_\_\_ I am aware that my child may be shown PG and G-rated movies that tie into weekly themes or as entertainment on bad-weather days. I understand I will not be informed in advance and if I have any objections, I will notify the Day Camp Coordinator in writing prior to my child's first day.
- \_\_\_\_\_ I am aware that informational sheets on each field trip will be available Monday through Friday of the week my child is at camp, and that it is my responsibility to ensure that my camper comes prepared on the field trip day. **I understand that all children attending on a field trip day must go on the Field Trip.**
- \_\_\_\_\_ I am aware that campers have a busy, active schedule, with many of the activities taking place far from the main buildings. **Campers will be expected to take bathroom breaks before or after scheduled programs** (Counselors will remind them), **and must be able to use bathrooms independently.** Campers will be asked to wait for up to an hour between bathroom breaks on a regular basis, and will frequently use portable bathrooms. Please discuss this with your Camper and determine if they will be able to meet these criteria.

I have read, understand and can follow these policies.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

Please return this contract along with the application/registration form.

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## Agreement to Participate for MINORS

Group/School/Camp Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Names \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

I understand that at the Howell Conference and Nature Center, I am expected to follow all the rules as presented by the Challenge Program facilitator, Ropes staff, & EE staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants. I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, tower, zip line, wall climbing courses ("Courses"), Global Village, and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in injuries including but, not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

/s \_\_\_\_\_  
**PARTICIPANT'S SIGNATURE** **DATE**

I understand that a physician should be consulted before participation in these courses if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the challenge courses. I acknowledge that my child's participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold the **Howell Conference and Nature Center and the Presbytery of Detroit, Inc., its sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the Courses, programs, and activities at HNC.**

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Courses. I understand that any photographs taken of my child participating in the Courses or programs may be used for publicity.

### **MEDICAL STATEMENT**

I recognize that climbing can be a strenuous endeavor requiring my child to be in good physical condition.

I am listing below those conditions my child has that could restrict my child's participation in the Challenge Courses, and activities while at camp at the HNC.

Medications currently taking: \_\_\_\_\_

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my child's participation in this activity.

**IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.**

/s \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE** **DATE**

/s \_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE** **DATE**

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## Permission Slip and Health History Form

### To be completed by parent or guardian

Dates and Name of Camp Attending \_\_\_\_\_

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Home address \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_ Home # \_\_\_\_\_

Email Address \_\_\_\_\_

Place of work \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency contacts \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not available in an emergency, notify \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Insurance Information

Is the participant covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No

Policy Holder's Name \_\_\_\_\_

Carrier or Plan Name \_\_\_\_\_ Policy # \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Important !! This box must be complete for attendance!

**Parent/Guardian Authorizations:** I give permission for my child to attend the Howell Nature Center camps. This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for the camp First Aid personnel to provide routine health care, administer prescribed medications, and first aid treatment on site. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child, in the event I cannot be reached in an emergency. I give permission to the physician or the aforementioned camp First Aid personnel to hospitalize secure proper and/or routine treatment and to order injection, anesthesia, x rays, or surgery for my child in the event I cannot be reached in an emergency. This completed form may be photocopied for trips out of camp.

I give permission for my child to be interviewed and pictures taken to be used by the Howell Nature Center or other news media to help with the promotion of the Howell Nature Center camps or related events.

\_\_\_\_\_  
(Signature of parent or guardian) Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent or guardian) Date \_\_\_\_\_

**Restrictions:** (The following restrictions apply to this individual.)

**Does not eat:** \_\_\_ Red Meat \_\_\_ Pork \_\_\_ Dairy Products \_\_\_ Poultry \_\_\_ Seafood \_\_\_ Eggs \_\_\_\_\_ Other

**Health History:**

**Allergies:** List all know. Describe reaction and management of the reaction.

**Medication Allergies (list)** \_\_\_\_\_

**Food** \_\_\_\_\_

**Other (insect stings asthma, animal)** \_\_\_\_\_

**Medications Being Taken:**

This Person takes NO Medications on a routine basis.

Please list all medications (including over-the-counter nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (If prescription drug), the name of the medication, the dosage, and the frequency of administration.

**This person takes medications as follows:**

<u>Medication</u>	<u>Dosage</u>	<u>Hours given</u>	<u>Reason</u>

I hereby give permission to administer the over-the-counter medications listed below, or their generic equivalents EXCEPT THOSE I HAVE CROSSED OUT if the Camp Health officers deem it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Tylenol	Benadryl	Cough drops	Tums	Pepto Bismol	Robitussin
Motrin	Contac	Eye drops	Aloe Cream	Caladryl lotion	Hydrocortisone cream

**General Questions** (Explain "yes" answers below)

Has/does the participant:	Yes	No	Yes	No
1. Had any recent injury or illness or infectious disease?.....	___	___	9. Ever been hospitalized?.....	___ ___
2. Have a chronic or recurring illness/condition?.....	___	___	10. Ever had surgery?.....	___ ___
3. Have frequent headaches?.....	___	___	11. Ever had a head injury?.....	___ ___
4. Ever been knocked unconscious?.....	___	___	12. Wear glasses, contacts or protective eye wear?....	___ ___
5. Ever have frequent ear infections?.....	___	___	13. Ever have seizures?.....	___ ___
6. Ever been diagnosed with a heart murmur?.....	___	___	14. Ever had back problems?.....	___ ___
7. Have any skin problems? (itching, rash, acne)?.....	___	___	15. Have diabetes?.....	___ ___
8. Have asthma?.....	___	___	16. Have a history of bed-wetting?.....	___ ___

Please explain any yes answers, noting the number of the questions. \_\_\_\_\_

**Which of the following has the participant had?**

\_\_\_ Measles \_\_\_ Chicken Pox \_\_\_ Mumps \_\_\_ German measles \_\_\_ Hepatitis A or B or C

**My Child's Vaccinations are Up To Date/Current:**  YES  NO Please Initial \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardians Initials



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### Day Camp One-Time Permission Slip

Almost once per week we will be traveling offsite on theme-related or recreational field trip. In an effort to streamline the process for obtaining your permission to take your son or daughter off the Howell Conference and Nature Center property, we would like to ask you to fill out this ONE TIME PERMISSION SLIP.

Our commitment to you is that we will notify you in advance the date, destination, approximate times of departure and return and any other pertinent information regarding the trip. An informational sheet will be available at the Registration Table each day informing you of the upcoming trip, special procedures for that day and any special items Campers may need to participate. Payment will be made during registration for all field trips; a price list for individual trips will be available upon registration and posted on our website as soon as it is available.

All transportation to and from field trip sites will be via busses driven by professional drivers contracted through First Student Transportation, the organization that provides the Fenton and Linden School Bussing. As always, appropriate adult supervision will be provided in a ratio that falls within both ACA Standards and State Law.

It is our goal to offer offsite field trips as a way to enhance learning and to provide the most fun possible. If you have any questions about a field trip, feel free to contact the Day Camp Coordinator Liz Welch at (517) 546-3056.

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I give permission for my child to attend offsite Day Camp field trips scheduled throughout the summer.

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(Print) Student's Full Name

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Parent/Guardian Signature

Date

Revised 1/10/12

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# What To Bring To Summer Day Camp/DCX



<b>Positive Attitude</b>	Come ready to go and have some fun!!!
<b>Lunch/Drink/Snack</b>	Nothing that needs refrigeration, please! We eat snack twice a day. Morning snack is provided, but many campers need an afternoon snack to keep them going!
<b>Swimsuit/Towel</b>	We go to the lake or do water activities daily!
<b>Refillable Water Bottle</b>	This is a MUST in any weather!
<b>Sunscreen/Bug Spray</b>	We ask that each parent donate a bottle of spray on sports-style sunscreen, 50 spf or higher, and a bottle of bug spray for all campers attending camp for a week or more of summer. We ask that you give your child their first application of sun screen in the morning, and we will ensure that sunscreen is applied at least twice per day, and bug spray as needed. If your child has sensitivities or you prefer they retain their own sunscreen, please be aware that we will give frequent reminders but we cannot apply rub-on creams and cannot be responsible for their quality of application.
<b>Backpack</b>	This will hold all your gear. Campers are not responsible for carrying this around all day, we have hooks in the lodge for storing it.
<b>Shoes/Socks/Boots</b>	We run, hike, climb etc. Remember we go rain or shine so please send appropriate footwear. No open toed shoes for challenge days, please, and water shoes or "cros" are good only for the swim area.
<b>Dress for the Weather</b>	Remember we go rain or shine, and the weather conditions and temperatures often vary drastically from morning to afternoon. Please pack for any weather related possibility!
<b>Camp Store</b>	The Camp Store will be open to campers during the day once a week. Camp Store day will be posted at the beginning of each week at the check-in table.

**PLEASE LABEL EACH AND EVERY ITEM WITH YOUR CAMPER'S NAME.**

Please do not bring electronics, expensive clothes or shoes, clothes that cannot get dirty, card games, phones, or any one of a kind items as the Howell Conference and Nature Center cannot be held responsible for any lost, stolen, or damaged items.

Revised 1/10/12

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## The Rules of Day Camp/DCX



1. Have fun!
2. Please, no hitting, kicking, biting, licking, pushing, spitting or rough play. Keep your hands to yourself. If you are having problems with another camper, tell a Counselor.
3. **Please do not bring electronic devices to camp. (Cell Phones, iPods, etc.)**  
If you bring one, it will be held until the end of day.
4. Please do not climb any trees.  
You could get hurt or end up with poison ivy!
5. Only use the back door to Pineview Lodge.  
The door on the parking/courtyard lot side is only used for drop off and pick up.
6. Please do not play on rock walls and fountains, fences and gates.
7. Boys in boy's bathroom, Girls in girl's bathroom.  
While in bathrooms, no turning out lights and no "monkey business", please.
8. Stay behind your counselor while hiking.
9. Please walk on the trails.
10. If a parent packs soda or candy in their child's lunch as a treat for them, the camper may eat it freely. However, if campers are planning to purchase soda or candy at our vending machine or buy candy in the camp store, they must have a signed note from their parent.
11. We get your attention by clapping or saying Day-Camp.
12. Please change into your bathing suit at lunch. If you do not have a suit on, you will not be able to swim!
13. Please ask permission to go behind the partition wall into the hallway of Pineview.
14. The office space in Pineview is off limits to campers.
15. The kitchen space in Pineview is off limits unless you are being seen by the Health Officer or participating in an activity.
16. Please help us care for our Nature Center by not picking any plants or picking up any small creatures.
17. Always stay with your counselor and let them know where you are.
18. Wash your hands frequently to help prevent the spread of germs.
19. If you take items out, put them away (games, sports balls, sand toys).
20. Know emergency procedures:
  - Fire alarm: 1 Blast on the air horn. Go to Office for regrouping and instructions.
  - Lost camper: 2 Blasts on the air horn. Go to Office for regrouping and instructions.
  - Tornado: 3 Blasts on the air horn. Tuck and cover behind wall in Pineview Lodge.
  - All Camp Evacuation 4 Blast on the air horn. Go to Office for regrouping and instructions.
21. Know the consequences of breaking the rules:
  - 1<sup>st</sup> offense: Counselor will talk to Camper.
  - 2<sup>nd</sup> offense: Camper will have a time-out from activity.
  - 3<sup>rd</sup> offense: Camper's parents will be called. Camper may be asked to leave.Any violent behavior and Camper will be asked to leave immediately.
22. Please keep your backpack clean, and keep loose items on your hook.
23. Keep your drinking water in your water bottle. Leave the squirting for water fights!
24. Drink lots of water, filling up frequently at the water jug. When filling up, take care not to touch the spout with your water bottle to avoid spreading germs.
25. Eat only your own snacks and food, and please don't share with others. Someone may be allergic to ingredients in your lunch and become ill.