



2017 DAY CAMP (CIT) June 26-30

Counselor In Training Registration

Howell Nature Center

For Campers Entering 11th-12th Grade or those that have already completed LIT Training.

www.howellnaturecenter.org

1005 Triangle Lake Rd.

Howell, MI 48843

P: (517)546-0249

F: (517)546-1677

Overnight Camp

Camper _____ D.O.B _____ Age _____ Grade in Fall _____

Parent or Guardian _____

Email Required _____ Cell Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

How to Register:

To Register, please fill out all forms. A \$100 deposit is required at time of registration, with balance due two weeks before your child attends camp. Early Bird discount does not apply to CIT Training. Please note - this CIT Camp is a week long OVERNIGHT Resident Camp. Open to all high schoolers who have completed the LIT program or will be entering the 11th or 12th grades.

June 26-30 - Counselor in Training (CIT) Camp for Day Camp - \$400 (Overnight Camp) for Camper entering 10th-12th Grades or those who already have completed LIT Training. Our CIT program is designed to teach the skills necessary to become a Summer Day Camp Counselor. Training begins with a week of training both at the HNC and off-site at locations including the DNR Outdoor Adventure Center, the Huron-Clinton Metroparks, and Tawas Point State Park. During this Overnight Camp trip, CIT's will learn counseling techniques and best practices, develop communication skills and find their own leadership style. After the trip, CIT's are able to serve up to **Two Full Weeks** with the Pups and Pack Day Campers. During volunteer weeks, CIT's will apply the skills learned during training. CIT's will have opportunities twice a week to shadow camp leaders and gain a full understanding of the summer camp business.

Payment: Deposit of \$100 _____ or Full Payment of \$400 _____ Balance Due June 12, 2017.

Type of payment: Check _____ Money Order _____ Major Credit Card _____ Type _____ Card # _____ Exp. Date _____
Please make Check or Money Order payable to : *Howell Nature Center*

Name as it appears on Credit Card _____ CVC Code (on back of card) _____

_____ YES! I would like AUTOPAY.

Please accept my tax deductible donation in support of the Howell Nature Center Camp Improvement Fund in the amount of: _____

2017 Day Camp Counselor In Training Packet



Camper Entering 11th-12th Grades or those who have already completed LIT Training

Howell Nature Center

Dear Camp Parents,

We are very excited that your camper will be joining us at CIT Training. We are looking forward to a great week of learning, growing and most of all, having fun and making great memories! As campers grow into their teenage years we want to offer leadership opportunities and skills that will positively guide them into young adulthood.

We have included information in this packet to help you plan for training. If you have more questions about camp, please call us at 517-546-0249 or email welcomec@howellnaturecenter.org.

Thank you,

Emily DeLong
Special Programs Coordinator
Cell # 616-796-5106
Email: emilyd@howellnaturecenter.org



PAYMENTS: \$100 Non-Refundable Deposits is due at time of registration. Balance is due on June 12, 2017.

CHECK-IN: Monday, June 26, 8:00am, Check-in at Pineview Lodge

CHECK-OUT: Friday, June 30, 3:00pm, Check-out at Pineview Lodge

CAMPER FORMS: Every camper needs to have updated, accurate, fully completed forms on the first day of camp: Health Form, Agreement to Participate Form (waiver), Camper Code of Conduct Form, Parent Agreement Form and Field Trip Permission Slip.

MEDICINE POLICY: Medication must be turned in at check-in to the Health Officer. Emergency rescue medication may need to be carried by camp staff. All prescription medication must be in the original prescription bottle with the camper's name on the label, and by state law, dispensed according to the directions on the label. If the doctor has changed the dosage or directions for administration, submit a signed letter from your physician with the new directions. This letter must include camper's full name, dosage amount and delivery time(s). Campers are not permitted to carry their own medication.

CAMPER SAFETY: Your camper's safety is our top priority and we work to make all of our activities as safe as possible. The camp staff undergoes extensive training to avoid accidents and injuries. All of our staff members have been trained in first-aid and CPR. We also have a Health Officer on site at all times.

NOT ALLOWED AT CAMP: Cell Phones, iPods, iPads, electronic games or other electronic devices. Knives and weapons, or anything you can't afford to lose. HNC is not responsible for lost or stolen items. Prohibited items will be held in the camp office until the end of the day.

APPROPRIATE DRESS: The Camp dress code mirrors the policies of most schools. Closed toed shoes are required for the day. (Sandals, flip flops and crocs are not recommended for any activity, except for swim time.)

REFUND/CANCELLATION POLICY: The registration deposit is **NOT** refundable. If a cancellation is necessary, the balance of the total camp fee will be refunded, provided it is **two weeks** prior to the camping event. If it becomes necessary for us to cancel a camping event, all fees will be refunded.

CAMPER CODE OF CONDUCT: To provide campers with a safe, fun and exciting summer, all campers must adhere to the following guidelines.

Our main rule at the Howell Nature Center is RESPECT. Respect is a lot of things. It is an attitude, an action, and a way of life. It is showing appreciation for what is good in people, a positive response to living with ourselves, others and nature. It is not hurtful, mean, cruel or destructive in any way. It is building up, rather than tearing down. We believe that everybody should enjoy our camp equally, and feel safe, secure and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion and nationality.

1. I will **RESPECT NATURE**: I will walk on trails, enjoy the surroundings but not take souvenirs, dispose of garbage properly, leave wildlife alone, and clean up when I leave.
Traveling through wilderness, humans are the visitors. We are passing through the homes and habitat of wild animals and our behavior should be much like what is expected when visiting another human's home.
2. I will **RESPECT OTHERS**: I will use kind words, listen, be fair, and keep my hands and feet to myself. I will respect their property.
3. I will **RESPECT the FACILITIES**: I will keep the grounds clean, and respect equipment, waterfront, buildings and restrooms. If something is broken, I will tell a counselor.
4. I will **RESPECT MYSELF**: I will think and act in a positive way, make safe decisions, drink plenty of water, and wear sunscreen and bug spray. I will respect my belongings.

BEHAVIOR POLICY: Inappropriate behaviors will not be tolerated. A child exhibiting any of the following behaviors will be immediately suspended from camp: bullying, 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. Incidents 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 refunds for any camp fees paid will be issued in the event of disciplinary expulsion.

Discipline will be handled in the following manner:

- Step 1: Counselor will address behavior with camper, helping the camper to understand the rules and take responsibility for changing the behavior.
- Step 2: Senior staff will meet the camper to discuss and implement solutions
- Step 3: The camper will meet the Camp Coordinator. Parental contact and clear objectives will be established.
- Step 4: The camper will be removed from camp without a refund. A parent or guardian will be asked to pick up the camper from Camp Howell as soon as possible.

WHAT TO BRING TO Counselor in Training CAMP

Sleeping Bag
Pillow
Towels (at least 2)
Washcloth
Soap/Shampoo
Toothbrush & Toothpaste
Comb, Brush, etc.
Deodorant
Pajamas
Underwear
Socks
Pants/Shorts - Fingertip length or longer
Shirts
Bathing Suit & Towel (one piece bathing suit)
Water Bottle
Flashlight
Backpack
Footwear (**Tennis Shoes and Sandals/Water Shoes**)
Hooded Rain Gear - **VERY IMPORTANT**
Warm Jacket
Insect Repellent/Sunscreen

Optional Items

Camera
Book
Sunglasses
Money for Souvenirs
Fishing Pole

PLEASE DO NOT BRING:

Cell Phones
iPods/Electronic Devices
Knives
Blow Dryer/Curling Irons
Jewelry
Valuables

PLEASE WRITE YOUR NAME ON ALL OF YOUR BELONGINGS!



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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 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.

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 Nature Center, 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.

AUTHORIZATION FOR AUDIO/VISUAL RECORDS

I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

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.

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

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 understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

(Signature of parent or guardian) Date _____

(Signature of parent or guardian) Date _____

Diet/Nutrition: (Check one)

_____ This Camper eats a regular diet. (Has no restrictions)

_____ This Camper eats a vegetarian diet.

_____ This Camper has special dietary needs (Please describe) _____

Restrictions: (Circle any restrictions that apply)

Does not eat: Red Meat Pork Dairy Poultry Seafood Eggs Gluten Other: _____

Health History:

Allergies: List all known allergies. 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 | Contact | 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

What have we forgotten to ask? Please use the space below (attach any extra notes) to provide us with any information that will help your camper be successful while they're at camp. This can include information pertaining to their social behavior, physical needs, or emotional habits. Do they need an aide in school, are they shy, do they need to be reminded to use the restroom, etc. Any information that may affect their participation in camp programs and potential accommodations are useful.

Camper Code of Conduct Agreement



Are you ready to have fun this summer? We are! In order for you to have a fun, exciting and safe summer, everyone needs to follow the same guidelines. Below is a list of the basic rules you will need to follow while you are here at camp. Keep in mind that more specific rules will be explained when you get here. Please read over all the guidelines and make sure that you understand them. You will be expected to follow the guidelines as soon as you arrive at camp.

Please read this with your Parent/Guardian and sign it with them at the bottom.

Camper's Name: _____

Camper's Session: _____

While at camp at the Howell Nature Center our main rule is RESPECT.

Respect is a lot of things. It is an attitude, an action, and a way of life. It is showing appreciation for what is good in people, a positive response to living with ourselves, others and nature. It is not hurtful, mean, cruel or destructive in any way. It is building up, rather than tearing down. We believe that everybody should enjoy our camp equally, and feel safe, secure and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion and nationality.

I will **RESPECT NATURE**: I will walk on trails, enjoy the surroundings but not take souvenirs, dispose of garbage properly, leave wildlife alone, and clean up when I leave. *Traveling through wilderness, humans are the visitors. We are passing through the homes and habitat of wild animals and our behavior should be much like what is expected when visiting another human's home.*

I will **RESPECT OTHERS**: I will use kind words, listen, be fair, and keep my hands and feet to myself. I will respect their property.

I will **RESPECT the FACILITIES**: I will keep the grounds clean, and respect equipment, waterfront, buildings and restrooms. If something is broken, I will tell a counselor.

I will **RESPECT MYSELF**: I will think and act in a positive way, make safe decisions, drink plenty of water, and wear sunscreen and bug spray. I will respect my belongings.

What is Bullying: when a person or a group repeatedly and intentionally uses or abuse their power to intimidate, hurt, oppress or damage someone else. It can be secret or cyber-based (happening online through social networks or even through mobile phones). Bullying can be physical or emotional. According to the National Center Against Bullying, there are five different kinds of bullying behavior. They are:

1. **Physical bullying:** when physical actions such as hitting, poking, tripping or pushing, are used to hurt and intimidate. Repeatedly and intentionally damaging someone's belongings is also physical bullying.

2. **Verbal bullying:** involves the use of negative words, like name calling, insults, homophobic or racist slurs, or words used to intentionally upset someone.

3. **Social bullying:** when lies, the spreading of rumors or nasty pranks are used. This includes repeated mimicking and deliberate exclusion.

4. **Psychological bullying:** involves the repeated and intentional use of words or actions which can cause psychological harm. Examples include intimidation, manipulation and stalking.

5. **Cyber bullying:** when technology is used to verbally, socially or psychologically bully. It can occur in chat rooms, on social networking sites, through emails or on mobile phones.

Behavior Policy: Inappropriate behaviors will not be tolerated. A child exhibiting any of the following behaviors will be immediately suspended from camp: bullying, 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. Incidents 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 refunds for any camp fees paid will be issued in the event of disciplinary expulsion.

Discipline will be handled in the following manner:

Step 1: Counselor will address behavior with camper, helping the camper to understand the rules and take responsibility for changing the behavior.

Step 2: Camp Coordinator will meet the camper to discuss and implement solutions.

Step 3: The camper will meet the Program Coordinator. Parental contact and clear objectives will be established.

Step 4: The camper will be removed from camp without a refund. A parent or guardian will be asked to pick up the camper from Howell Nature Center as soon as possible.

Camper: By signing this form, I am agreeing to the above guidelines. I understand that more specific rules will be explained to me when I arrive at Camp Howell. I also realized that failing to follow these guidelines will result in disciplinary action by the staff of Howell Nature Center, and may include removal from the Summer Camp Program.

Camper's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

This form **MUST** be completed along with the Health History/Permission Slip Form, Agreement to Participate Waiver Form, Parent Agreement Form and Permission Slip Form in order for your child to participate at Howell Nature Center. All forms must be turned into Howell Nature Center on the first day that your child attends.