



# Rose Lake Youth Camp

## Discovery Day Camp Registration

Camper's Full Name: \_\_\_\_\_ Gender: M or F

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address (to receive camp info & evaluation): \_\_\_\_\_

Additional persons authorized to pick-up camper and/or contacted in the event of an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Session		Dates	Fee*	Extended care \$20	Total
Discovery Day Camp (ages 7 and up)		July 5 - 7			
Camp Store Money** (\$5-10 is appropriate)					
Pre-order	Tent Photo	All-Camp Group Photo	CD of all pictures		
Photos (circle)	\$2.00	\$3.00	\$5.00	Total:	
Pre-order 5 "Catch A Rose Lake Wave" Postcards - \$5.00					
Thursday Family Cookout – Time: 4:00 p.m. (free for immediate family members only)			Number attending:		
Donation for building or scholarship fund (tax-deductible)					
<b>\$50 non-refundable deposit required</b>				<b>TOTAL FEES:</b>	
				<b>- DEPOSIT:</b>	
				<b>BALANCE:</b>	

\* Sibling Discounts are available. See website for details. Need-based scholarships are available.

Applications are available online or via mail.

\*\*RLYC apparel will be available for purchase at check-in & check-out.

**\*\* Please complete Camper Information on other side \*\***

## **Buddy Selection**

If a camper wishes to tent with a friend, include name here \_\_\_\_\_.  
We will attempt to accommodate requests, but reserve the right to change tent mates.

## **Camper Questions**

Has camper been away from home before? \_\_\_\_\_ What does he/she like to do best? \_\_\_\_\_ Special talents or abilities: \_\_\_\_\_  
How does camper get along with others of the same age? \_\_\_\_\_  
Hobbies or special interests: \_\_\_\_\_  
Is there an activity camper particularly wants to do at camp? \_\_\_\_\_  
Does camper have any serious fears? \_\_\_\_\_

\*\*We want to ensure that your camper has the very best experience possible at Discovery Day Camp, so feel free to provide an additional sheet with any other information you feel may put us in a better position to understand your camper and his/her needs. Your input is VERY important to us.\*\*

## **Healthcare Information**

Medication must be in its original container with the camper's name on the prescription. Please list medication and dosage instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your camper currently or recently have any illness, infections, communicable disease, ailments, or other conditions?  
\_\_\_\_\_  
\_\_\_\_\_

Are your camper's immunizations up to date? YES or NO (circle one)

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

## **Waiver and Release**

I certify that my camper has permission to participate in the programs at Rose Lake Youth Camp (RLYC). I further stipulate and agree to protect, indemnify, save, and hold harmless RLYC employees and volunteers against any and all claims arising out of my camper's participation in RLYC programs. I also certify that the program participant (my camper) has been screened medically and that there are no medical conditions or injuries that preclude his/her participation in the RLYC programs. I give my permission for photos to be taken and used for RLYC public relations purposes.

Signed (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this completed registration and payment to:  
Rose Lake Youth Camp, Reservation Desk  
P.O. Box 95, LeRoy, MI 49655  
Phone: 231-768-4351**