



Rose Lake Youth Camp

Camp Registration

Camper's Name: _____ Gender: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian: _____ Telephone: _____

Emergency Telephone: _____ E-mail Address: _____

Camp Dates 2009

July 5 - July 10 Adventure Camp
July 12 - July 17 Sports Camp
July 20 - July 24 Day Camp
July 26 - July 31 Explorer Camp
August 2 - August 7 Adventure Camp

Camping Sessions Requested

1st Week _____ 2nd Choice _____
2nd Week _____ 2nd Choice _____
3rd Week _____ 2nd Choice _____

If a camper wishes to tent with another friend, include name here _____.
We will do our best to accommodate your request, but reserve the right to change tent mates.

Donation for building or scholarship fund enclosed \$ _____.

Rose Lake Youth Camp Waiver and Release

I certify that my child 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 child's participation in RLYC programs. I also certify that the program participant (my child) 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 (by parent or guardian): _____ Date: _____

Enclosed with this registration must be a \$50 non-refundable deposit for each week!

Sibling and Multi Week Discounts are available. See [Summer Camps](#) on our website for details. Need-based scholarships are available. Print an application online at www.RoseLakeYouthCamp.org or write to us at: Rose Lake Youth Camp, Scholarship Information, P.O. Box 95, LeRoy, MI 49655.

**Mail this registration and your non-refundable deposit to:
Rose Lake Youth Camp, Reservation Desk, P.O. Box 95, 17750 Youth Drive,
LeRoy, MI 49655**