

SESSIONS: (Please check when your child(ren) will be attending camp)

_____ Session 1: July 5- July 15
***Week 1 will have an extended day on Friday, July 8.
Pick up time will be 7 p.m. Dinner will be served.***

_____ Week 1: July 5 – 8 _____ Week 2: July 11 - 15

_____ Session 2: July 18 – July 29

_____ Week 3: July 18 – 22 _____ Week 4: July 25 – 29

PAYMENT:

_____ Check for full amount enclosed (\$500 per session or \$250 per single week)
\$100 per camper is non-refundable

_____ Non-refundable deposit of \$100 per camper is enclosed.
To ensure a placement at camp, **balance is due June 1, 2011.**

*Shady Trails Camp complies with all State of Michigan licensing requirements.
Shady Trails Camp admits campers of any race, religion, national or ethnic origin.*

Health Care Authorization Statement

I hereby give permission to Shady Trails Camp, which is licensed by the State of Michigan, to provide routine, non-surgical medical care, and to secure emergency medical and surgical treatment, for the camper named above, while attending camp.

Parent/Guardian Signature

In accordance with MCLA Act 116 of the Public Acts of 1973, as amended, and the rules for licensing camps, this authorization must be signed by a parent or guardian of a child camper unless there is religious objection.

On behalf of my child, I hereby waive and release, hold harmless, and forever discharge Shady Trails Camp and its employees of and from any and all claims arising from or in any way related to my child's allergies or allergic reactions. I understand that the activities, food, and drink that my child may partake in may be inherently dangerous and may cause serious allergic reactions. My child is subject to the following allergies or medical condition:

I understand that Shady Trails Camp has "Health Officers", but a medical professional will be contacted in an event of an allergic reaction. In the event that my child should require medical care while attending Shady Trails Camp, I authorize the facility, Shady Trails Camp and said employees, to disclose these conditions to a physician or other medical professional in the event my child should require emergency medical care. By this waiver, I, on behalf of my child, release and waive all responsibilities and claims of personal allergic injury while on the premises and taking part in Shady Trails

Camp activities. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

Parent/Guardian Signature _____

Challenge Ropes Course Informed Consent/Liability Release

I am aware and understand that participation in a challenge course program is physically challenging and potentially dangerous and involves the potential risk of serious physical injury. I agree and hereby acknowledge that I am solely responsible for my participation and for compliance with all risk management and course operation policies, along with my own physical and emotional well-being. I further acknowledge that while at the activity site I will not be under the influence of any substances, including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators and assign all risk of physical injury and emotional upset which may occur during or after participating in this event and hereby agree to hold Shady Trails Camp, its employees, its instructors, its associates and agents harmless for liability arising out of my participation in the program. I understand that participation on the ropes course is at the discretion of the Shady Trails Camp ropes facilitator and is dependent upon age and size-weight and height.

Camper Signature* _____

Parent/Guardian Signature _____

Release For Electronically Displayed Or Printed Photos Of Camp Attendees

We would like to use your son/daughter's photo on our web page and or printed media.

Names, telephone numbers, home address or other identifying information will not be displayed or made available.

I hereby (please check) _____ **GIVE** _____ **DO NOT GIVE** my permission and consent for digital and or printed photos of my son/daughter to appear on the Shady Trails Camp web site and printed media.

Parent/Guardian Signature _____

Authorized Person Permission

I understand and certify that my child's participation in Shady Trails Camp and its activities is completely voluntary, and I have completely familiarized myself with the camp's programs and activities in which my child will be participating. I recognize that certain hazards and dangers are inherent in Shady Trails Camp events and programs and particularly, but not limited to, the activities of swimming, canoeing, rope course, kayaking, and ball and racquet sports. I acknowledge that, although Shady Trails Camp has taken safety measures to minimize the risk of injury to camp participants, Shady Trails Camp cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations, and procedures for the safety of camp participants.

Signature of Authorized Person

Date

Printed Name of Authorized Person

Relationship to Camper