



indian
trails
CAMP

2012 Summer Day Camp Application

Campers Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone (____) _____ Male ____ Female ____ Birth date: ____/____/____
Home
 (____) _____
Work

Parents or Guardians Full Name: _____

Address (if different) _____
Street City State Zip

Emergency Contact _____ Phone Number (____) _____

Camper has attended Indian Trails Camp before: _____ Yes _____ No

If you are new to Indian Trails Camp, how did you learn about us?

Day Camp Information

Ages Accepted: 5-26 years old

Programming hours are 8:30AM to 4:30PM. Breakfast, lunch and snack are provided.

Day campers will participate in traditional camp activities.

Cost is \$67.00/day.

If Day camper requires 1:1 (staff to camper ratio), the cost is \$94.00/day.

Day Camp Sessions

Session #1: June 11__	June 12__	June 13__	June 14__	June 15__
Session #2: June 25__	June 26__	June 27__	June 28__	June 29__
Session #3: July 2__	July 3__	July 4__	July 5__	July 6__
Session #4: July 9__	July 10__	July 11__	July 12__	July 13__
Session #5: July 23__	July 24__	July 25__	July 26__	July 27__
Session #6: July 30__	July 31__	August 1__	August 2__	August 3__

Scholarship Requested Yes__ No__

Scholarship funds are allocated on availability and need. Amount requested may not be amount allocated. In order to be considered for a scholarship, you must complete the new Scholarship Request Form (page 4). You will be notified of scholarship granted with your final acceptance.

Camp Location
 0-1859 Lake Michigan Drive
 Grand Rapids, MI 49534

Telephone 616.677.5251
 Fax 616.677.2955

Medical Information

Due to the nature of our day camp, campers with extreme needs may not be eligible to attend.

What is the camper's diagnosis or disability? _____

Communication: ___ No communication difficulties
___ verbalizes, may be difficult to understand ___ non-verbal, yes/no responses only
Additional Comments: _____

Does camper have seizures? No ___ Yes ___
If yes, frequency? _____ Please describe the seizures/including length and severity: _____

Please list and describe any special equipment that the camper will bring to camp:

Does the camper have any behavior issues? No ___ Yes ___
If yes, frequency? _____ What are tools that staff could use in order to help control inappropriate behavior? _____

Ambulation: ___ Walks ___ Manual Wheelchair ___ Power Chair

Urinary and Bowel Needs: ___ Independent
___ Needs assistance with clothing and transfer unto toilet ___ Must be wiped

Other (add any other medical needs that would be helpful to staff): _____

What medications will the camper bring with them to the day camp session? How often are these medications taken?

_____	_____
_____	_____
_____	_____
_____	_____

Medication

When taken?

* All medicine (both over the counter and prescription) must be given to the nursing staff upon arrival. Certified nurses will dispense of the medication.



**2012
Indian Trails Camp
DAY CAMP FINANCIAL FORM**

DAY CAMPER NAME: _____ **Age:** _____
COUNTY: _____

Day Camp \$67.00/per day; 1:1 (staff to camper ratio) \$94.00/per day

Session #1: June 11__	June 12__	June 13__	June 14__	June 15__
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TOTAL DUE \$ _____ = _____ days @ \$67.00 _____ days @ \$94.00

- DEPOSIT \$ _____ Check # _____ or _____ Credit Card

BALANCE DUE \$ _____

A) PARENT, GUARDIAN OR SELF WILL PAY BALANCE. INCOMMING DAY _____

B) CREDIT CARD PAYMENT ___ VISA ___ MASTERCARD SECURITY CODE _____
 EXP ____/____

CARD NUMBER _____ - _____ - _____ ZIP CODE _____

NAME AS IT APPEARS ON CARD _____

Ph # _____ - _____ - _____

C) Bill Organization:

 Name address Ph #

Attention _____ Amount to be paid: \$ _____

Amount will be paid: ___ Before session ___ After session

D) Scholarship requested in the amount of \$ _____.

Please state reasons for request on below. Scholarship funds are allocated on availability and need. Amount requested may not be amount allocated. In order to be considered for a scholarship, you must complete the new Scholarship Request Form (page 4). You will be notified of scholarship granted with your final acceptance.

X _____
 Signature of parent, guardian or camper

____/____/____
 Date



Indian Trails Camp Scholarship Request Form

Special Circumstances for Scholarship Request:

(Lost Job, Hospitalization, Major unexpected expense, etc)

Financial Considerations for Scholarship Request:

(low income, no other source of funding, Live independently, etc.)

Questions for Camper:

(A) Why do you like coming to Indian Trails Camp?

(B) Why is Indian Trails Camp so important in your life?

Question for Guardian:

(A) Why is Indian Trails Camp so important in your life?

Any other comments you would like to share?

RELEASE AGREEMENT

I, _____, hereby affirm that I am a camper and that I am of lawful age and legally competent to sign this Release Agreement or that I am the parent or legal guardian of _____ who is a camper and that I am lawful age and legally competent to sign this Release Agreement. I give permission for me or my minor child to attend ITC and participate in all phases of the activities, including swimming, boating, trips away from ITC, and camping overnight at the platform tent area. I am aware of the possible risk of injury or death to me or my child as a result of participation In the programs at ITC, and I acknowledge that by this Release Agreement neither ITC, nor its directors, instructors, agents or employees may be held liable for any injury to or death or, me or my minor child whether or not such injury or death result from the negligence of ITC or its directors, instructors, agents or employees. Wherefore, in consideration for ITC allowing me or my minor child to participate in its programs, I hereby agree to personally and fully assume all risks in connection with my or my minor child's participation in ITC programs, and I release and discharge ITC and its instructors, agents and employees from any and all claims or causes of action, whether present or future, whether known, anticipated, which may be brought by me, my minor child, my family, estate, heirs or assigns arising out of any occurrences in connect ion with my child's participation in ITC programs which may result in the injury or death of myself or my minor child, whether or not such an injury or death is caused by the negligence of ITC or is directors, instructors, agents or employees. Additionally, in case of any injury to me or my child, I give permission for ITC to secure medical and surgical treatment and provide routine, nonsurgical medical care for me or for my minor child, in my absence, while attending camp.

I give permission for me or my child to be photographed or videotaped in camp activities and allow ITC to use these photos in the camp calendar, the camp slideshow, and/or general promotional usage. It should be understood that any print utilized will be done so in a most respectful manner, and in no way shall be used to exploit an individual. I further state that I have signed this agreement voluntarily after fully informing myself of its contents.

Date *Adult Camper or Parent/Legal Guardian*