

The Details!

Camp Cornerstone for "KIDS CAMP" will begin on Sunday July 10th-Thursdays July 14th. "JUNIOR CAMP" will begin Sunday July 17th-Thursdays July 21st, and "SENIOR CAMP" Sunday July 24th -Thursdays July 28th. Registration will be from 3-5 p.m. at Birch Haven Bible Camp in Clam Lake Wisconsin. It is located on Hwy 77 just west of Clam Lake 1 mile on right. Leaving from Hurley go west on 77 to Mellen, then right on 13. Go one block & then go left on County Road GG about 18 miles. At stop sign take left go 1/4 mile to Hwy 77. Take a right and go 3 miles. From south go up Hwy 13 to 77 go left (west) through Clam Lake, camp on right.

KIDS CAMP: 1st grade through the 5th grade
JUNIOR CAMPER : 6th grade through 8th grade
SENIOR CAMPER : 9th grade through 12th grade
(Please note this would be the grade you are going into.)

What to bring to Camp:

Sleeping bag and pillow, modest bathing suit (no bikini's), towels, tennis shoes, jeans, modest shorts shirts, toiletries, medications in original bottles, bug spray, sunscreen, flashlight, Bible, notebook & pen some type of sweater or coat because the nights get cold. Money for canteen approx. \$15.

The Rules

1. No leaving the campgrounds at anytime.
2. You must attend all activities and classes.
3. You must be in your cabin at set curfew time.
4. No swimming or canoeing except at scheduled times.
5. No bikini swimwear.
6. No Spaghetti strap tops. Please bring T-shirts.
7. Campers are not allowed in kitchen.
8. No destruction or misuse of camp property.
9. Girls and boys will NOT be allowed in each others cabins.
10. No cell phones, 2-way radios, CD players, ipods, or electronic games.
11. Please do not bring expensive cameras, disposable ones would be better
12. Do not bring candy, gum, food. We will have a canteen.
13. No fireworks, knives of any kind, or weapons.

Cornerstone Church
PO Box 457
N10344 Mill St.
Ramsay, MI. 49959

Phone: 906-663-4700

Fax: 906-663-4700

Email:

cornerstone@c-stonechurch.com

Web-site: www.c-stonechurch.com

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(Please note this would be the grade you are going into.)

COST FOR CAMP
IS \$75



CAMP CORNERSTONE 2011

RELEASE SIGNATURE

1) I understand the Camp Director reserves the right to dismiss any camper whose behavior or attitude is disruptive to the welfare of the camp. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.

2) I understand the Camp Health Officer reserves the right to dismiss any camper for medical conditions he/she deems necessary. No refund will be given in the event of dismissal. It is the parent's responsibility to arrange transportation for early dismissal.

3) I understand that all medicines (i.e. prescriptions & over-the-counter drugs) are to be turned over to the Camp Health Officer at the beginning of camp. I am aware that the Camp Health Officer oversees the administration of medications.

4) I am aware that my child is responsible for his/her personal belongings. It is not the responsibility of the Church to find or return any belongings that are left or lost at camp.

5) Should it be necessary for my child to receive medical attention/treatment while participating in activities, I hereby give permission for the people leading or directing these activities, to render medical attention or administer medical treatment, as the health officer deems appropriate and necessary.

6) I also give permission for the people leading or directing these activities to use their best judgment to otherwise render any assistance (i.e. First Aid, CPR, etc.) to my child in the event of injury or illness.

7) I understand that the Cornerstone Church or any people leading or directing these activities have no insurance coverage for medical or hospital costs for my child, which are associated with injury or illness occurring in the course of these activities (unless the child is already a covered dependent under the church's employee health plan). Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

8) I release the Cornerstone Church to use any photographs or video of my child taken at camp for the website or for promotional purposes.

Parent/Guardian's Signature Date

Camper Covenant

I, the camper, agree to obey the rules of the camp and to respect those persons in charge of the camp. I understand that if I do not, I will be sent home.

Camper Signature Date

Registrations can be mailed to:

Cornerstone Church
PO Box 457
Ramsay, MI. 49959

Registration Deadline

Kids Camp July 5th, 2011

Junior Camp July 11th, 2011

Senior Camp July 18th, 2011

(Register early to ensure there is space for your camper, housing is limited to 50 and tends to fill up quickly!)

REGISTRATION FORM

CAMPER INFO

First Name: _____

Last Name: _____

Gender: ___ Male ___ Female

Age ___ Birth Date: ___/___/___

Entering Grade Fall '2011': _____

T-shirt (children sizes) S M L

(adult sizes): S M L XL XXL XXXL

PARENT/GUARDIAN INFO

Parent/Guardian Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Mobile Phone: (____) _____

Parent E-mail: _____

Home Address: _____

City: _____

State: _____ Zip Code: _____

MEDICAL HISTORY

Please list all allergies. Describe child's reaction and how managed.
(If no allergies, please write "NONE" in space provided.)

Medication Allergies: _____

Other Allergies:

(Insect Bites, Hay Fever, Asthma, Food Allergies, Etc):

Has/Does the camper:

1. Any recent injury, illness or infectious disease? ___Yes ___No

2. Have a chronic or recurring illness/condition? ___Yes ___No

3. Have problems with sleepwalking? ___Yes ___No

4. Have frequent headaches? ___Yes ___No

5. Wear glasses, contacts or other eye wear? ___Yes ___No

6. Prone to frequent ear infections? ___Yes ___No

7. If girl, have an abnormal menstrual history? ___Yes ___No

8. Ever had seizures? ___Yes ___No

9. Ever had problems with joints (knees, etc) ___Yes ___No

10. Ever been dizzy or passed out after exercise? ___Yes ___No

11. Have any skin problems? (Itching, rash, acne) ___Yes ___No

12. Have diabetes? ___Yes ___No

Please explain any "yes" answers, noting the number of the questions:

MEDICATION INFORMATION

Please list ALL medications—prescription and non-prescription taken routinely. Be sure that the camper brings enough medication to last the entire time at camp *in the original package/bottle that identifies the camper's name, prescribing physician, name of drug, dosage and frequency.* All medications need to be given to the Camp Health Officer upon arrival.

Medication #1: _____

Dosage: _____

Time to be Taken: _____

Reason for Taking: _____

Medication #2: _____

Dosage: _____

Time to be Taken: _____

Reason for Taking: _____

Medication #3: _____

Dosage: _____

Time to be Taken: _____

Reason for Taking: _____

OVER THE COUNTER MEDICATIONS

The following over the counter medications are available from our First Aid Station. They may be administered as deemed necessary by the Camp Health Officer, *unless otherwise advised.* Please mark an "X" next to any medications you do **NOT** want administered. ___ Aspirin ___ Ibuprofen

___ Acetaminophen ___ Sudafed ___ Robitussin ___ Antibiotic Ointment

___ Ear Drops ___ Maalox ___ Throat Lozenges

___ Midol ___ Visine ___ Antacid

EMERGENCY CONTACT (OTHER THAN PARENTS)

Name: _____

Relationship: _____

Phone (Area Code): _____

Other (Area Code): _____

MEDICAL INSURANCE

Company: _____

Policy Number: _____

Group Number: _____

Claims Address: _____

Phone (Area Code): _____

Cost for Camp \$75

Please feel free to make copies of the registration for friends. You can also fax your registration in to

906-663-4700