

CAMPER APPLICATION FORM
CAMP CIVITAN-MICHIGAN
Operated by the: **Plymouth-Canton Civitan Club**

YOUTH AND YOUNG ADULTS WEEKEND
for individuals with Cognitive Impairment AGES 13-50+

CAMP DATES: June 5, 6, 7 & 8, 2025
Arrival on Thursday, June 5th between 2:30 pm-5:00 pm with
Departure on Sunday, June 8th at 11:30 am

Location: CAMP MICHAWANA, HASTINGS, MICHIGAN

located at 6475 Wilkins Rd., Hastings, MI 49058.

When using navigation software, use this GPS address to arrive at our group's camping area.
(If you use their office address 5800 Head Lake Rd. you will end up in the RV campground not our camp area!)

\$230 COST PER CAMPER (DUE WITH APPLICATION)
(Includes 3 nights lodging, 9 meals & a t-shirt)

Make Checks Payable to: PLYMOUTH-CANTON CIVITAN CLUB

Application steps:

1. **Registration fee must accompany this application. If Camper cancels due to health concerns, a refund will be made.**
 2. Both Camper and local Civitan Club will be notified when application and fee have been accepted.
 3. Camp Director will communicate with Camper(s), and their parents/guardians concerning other necessary details by email.
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Send Applications for Camp Civitan to:

Cheryl Van Vliet
1576 Walnut Ridge Cr.
Canton, MI 48187
313.460.3194 (cell)

Email: vanvliet.cheryl@att.net

Application Deadline: April 28, 2025

Keep this 1st Page (so you have camp contact info) & Return Pages 2, 3, 4 & 5

Sponsoring Civitan Club: _____

Dates: June 5-8, 2025

**CAMP CIVITAN
CAMPER APPLICATION (Please type or print clearly.)**

Camper Name: _____ **Nickname:** _____

Address: _____
Street, City, State & Zip

Male _____ **Female** _____ **Date of Birth:** _____

T-shirt Size: _____

Has Camper received the COVID Vaccination (not required): _____

Names of Campers attending Camp who live together: _____

Can Camper sleep in the Top Bunk? _____

Parent/Guardian: Name and address (if different from camper)

Name: _____

Address: _____
Street, City, State & Zip

Email address for Camp updates: _____

It is crucial that we are able to reach a parent/guardian in the event the Camper is ill or injured. Provide phone numbers where we can reach you day or night:

Phone: (Home) _____ **(Cell)** _____

(Work) _____

Alternate Person to Notify in Case of Emergency:

Name: _____ **Phone:** _____

Health Insurance Co.: _____ **Policy No.:** _____

Camper Name: _____

The camper must be independent with ADL'S: walking (no canes or walkers), using toilet, taking showers, eating, brushing teeth, dressing themselves, communicate their needs, follow simple directions and getting in and out of bed independently.

Camper Skills: Please check if camper has difficulty with any of these and explain below.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Wetting bed or clothing | |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Brushing Teeth | <input type="checkbox"/> Dressing | <input type="checkbox"/> Taking Showers |
| <input type="checkbox"/> Picking out Clothes | <input type="checkbox"/> Tying Shoes | <input type="checkbox"/> Using Toilet | |

Additional Comments - How can we assist the camper:

List any Allergies:

Does Camper have any Dietary Restrictions? List all.

Please explain any Behavioral or Emotional Difficulties the Camper HAS and HOW the Staff can help them. (We want the camper to have a good experience at Camp, so please elaborate.)

Medications to be taken while at Camp.

- **Complete the enclosed Camper Medication Roster Sheet which specifies time of day the medication should be given such as: 2 times per day-given once at Breakfast and second at Dinner time.**
- **All medication must be given to the Camp Nursing staff WHEN the Camper arrives at Camp.**
- **Our Nursing Staff will dispense all medication based on the Medication Roster you completed and returned with the Camper Application. Our Nursing staff will dispense medication at breakfast, lunch, dinner and at bedtime. Keep in mind that we have “lights out” at 10:30 pm.**

We don't want you to bring the prescription bottles. Instead, please prepare the medication in one of the 2 ways below:

- 1) **Send the appropriate prepackaged Pill Packs for the period June 5-8- place them in a large plastic bag labeled with the camper's name.**
- 2) **Prepare an individual snack sized plastic bag for each time the camper requires medication. With a permanent marker label each bag with the camper's name, medication time (breakfast, lunch, dinner or bedtime), name of the medication(s) in the plastic bag and seal it. Place all the snack bags in a larger zippered plastic bag marked with the Camper's name. If their medication has changed since you sent the completed Medication Roster place the revised list in the bag with the camper's medications.**

CONSENT AND MEDICAL RELEASE FORM

PARTICIPATION AGREEMENT

I acknowledge that attendance at Camp Civitan and participation in the various activities associated at Camp involve certain inherent risks to the participant and may result in illness, bodily injury, damage to participant's property or other harm to the participant. I further acknowledge that Civitan International cannot ensure or guarantee the safety and avoidance of injury for participants in these activities. In consideration for allowing the participant to register for and attend this event, and/or to participate in the activities of Camp Civitan, the participant (or the participant's parent or legal guardian) acknowledges and accepts the risks of illness, bodily injury, property damage and/or other harm to the participant which may result from the participant's attendance at Camp Civitan and participation in activities, including transportation to and from this event and activities. The participant (or the participant's parent or legal guardian) accepts personal financial responsibility for any injury or other loss suffered by the participant during attendance at Camp Civitan or activities, as well as for any medical treatment rendered to the participant that is authorized by the Civitan International staff or its volunteers or representatives. The participant (or the participant's parent or legal) acknowledges that the participant should have health and accident insurance to pay the costs and expenses that are incurred if the participant is injured or suffers any loss as a result of attending Camp Civitan and participating in activities.

Medical Authorization; Indemnity for Medical Expenses

I understand, acknowledge and agree that Civitan International staff, volunteers or representatives may need to respond to accidents and potential emergency situations in which the participant is involved during the participant's attendance at Camp Civitan. The participant (or the participant's parent or legal guardian) consents to and authorizes any medical treatment that may be required, as determined by a medical professional at the medical facility that is caring for a medical condition experienced by the participant. The participant (or the participant's parent or legal guardian) agrees to indemnify and hold harmless Civitan International from and against any costs, expenses and charges arising from medical treatment provided to the participant on account of any injury suffered by the participant while attending Camp Civitan and participating in these activities.

Photos/Video Release

In consideration for allowing the participant to register for and attend Camp Civitan, and to participate in the activities related to Camp Civitan, the participant (or the participant's parent or legal guardian) grants to Civitan International, its employees, agents, assigns, and sponsors, the right to video and/or photograph the participant, and use the video, photo, and or other digital reproduction of the participant's physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet and expressly waive any present, or future compensation rights to the use of the above stated material(s).

NAME OF PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____