

Session: _____ Dates: _____ Deposit: _____ Aid: _____ Balance: _____ Camp Store: _____



CAMP ROGER > OUTDOORS

CAMPER REGISTRATION FORM: Register online at CampRoger.org

Camper's full name: _____ Camper's preferred name: _____

Address: _____ Home phone: _____

City: _____ State: _____ Zip code: _____ Date of birth: _____

Sex: Male Female Height: _____ Weight: _____ Age: (at time of camp) _____

School grade next year: _____ School: _____ Church: _____

Email address: _____ (important for ongoing communication)

Father's name: _____ Daytime phone(s): _____ Place of employment: _____

Mother's name: _____ Daytime phone(s): _____ Place of employment: _____

Emergency contact (other than parent): _____ Relationship to camper: _____

Address: _____ Phone: _____

Session Desired (session dates are listed in the summer camp brochure and on the website at www.camproger.org)

In-Camp Sessions

- 3-Day Camp: S6 S8
- 5-Day Camp: S1 S4 S11
- 8-Day Camp: S2 S3 S5 S7 S9 S10

Wilderness Trips

- Girls Pioneer: P2-G P3-G P7-G P9-G P10-G
- Boys Pioneer: P2-B P3-B P5-B P9-B P10-B
- Coed Voyager: V5 V7

First choice, session name: _____ Dates: _____

Second choice, session name: _____ Dates: _____

Cabinmate requests (list 1 or 2): _____

These cabinmates should request your child too. Cabinmates must be within 2 grades of each other.

Financial Aid: Are you applying for financial aid? yes no

If applying for financial aid, please answer the following questions:

What was your 2011 Gross Household Income from your 2011 tax return?:

- \$0-20,000 \$20,001-25,000 \$25,001-30,000 \$30,001-35,000
- \$35,001-40,000 \$40,001-45,000 \$45,001-50,000 \$50,001-55,000
- \$55,001-60,000 \$60,001-65,000

Note that financial aid is awarded according to the Financial Aid Adjusted Fee Scale on our website. Actual awards will be applied to your account when your registration is processed and will be noted on the registration confirmation that you will receive.

How many children are in your household? One Two Three or more

I verify that this information is correct and accurate. I understand that Camp Roger has limited scholarship funds available and this information accurately reflects my ability to contribute toward my child's experience.

Camper Fee (Three-Day, \$150; Five-Day, \$360; Eight-Day, \$485; Pioneer, \$510; Voyager, \$575): \$ _____

We are applying for Financial Aid and the anticipated adjusted camper fee is: \$ _____
or I claim the \$20 sibling discount for an additional child beyond my first child registered. (May not be combined with financial aid.) - \$ _____

Deposit included for this child: (\$100.00 minimum required.) \$ _____

Donation enclosed to support Camp Roger's program: \$ _____

Total payment enclosed (Payment may be made via check or credit card.): \$ _____

If paying with credit card: Visa MasterCard Discover Card #: _____ - _____ - _____ Exp. ____/____

Name on card (please print): _____

Billing street address and zip code: _____

Camper's full name: _____

Permission/Authorization:

I hereby give permission: (1) for my child to participate in the normally scheduled camp activities which may include the high-ropes adventure course, off-site backpacking and/or canoe trips; (2) for the camp to transport my child in camp-designated vehicles to excursion/ tripping drop-off and pick-up points; (3) for the camp to provide or seek necessary routine medical care for my child, or emergency medical care in the event that I cannot be reached during an emergency (this could include x-rays, routine tests, treatment, hospitalization, and the release of any records necessary for medical or insurance purposes). I understand that my child may be photographed while engaged in camp activities and grant permission for these images to appear in brochures, reports, web site, etc. This form may be photocopied for use on out-of-camp trips.

(signature of parent or authorized person) _____

Additional Camper Information: (Answers to the following questions help our staff better care for your child.)

Will your child be part of Camp Roger's program for campers with special needs? (If yes, call to check availability and request an application.) yes no maybe

Is your child attending Camp Roger through the Kid's Hope USA program? yes no

Does your child live with both parents? yes no

Does your child have permission from both parents to attend camp? yes no

Has your child ever been away from home for more than two days? yes no

Will your child be returning home with someone other than his/her parents? yes no If yes, with whom? _____

Has your child ever been a camper at Camp Roger before? yes no If yes, which summers? _____

What are your child's sleep habits? _____

Should your child be awakened at night to use the restroom? If yes, what time? _____

Does your child have any special fears? _____

Does your child have any special food allergies or activity restrictions? _____

Does your child have any special interests or hobbies? _____

Is there something specific that you would like your child to gain from their camp experience? _____

Connections

How did you hear about us?

- Other family members have gone to camp in the past
- Friend asked me to go along
- Website
- Saw poster in my school/church
- Newsletter
- Other:

We like to be connected with grandparents and others.

Please provide us with names and addresses of these folks so that we can include them in our communications.

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip code: _____ State: _____ Zip code: _____

Email address: _____ Email address: _____

Has this person had a connection to Camp Roger in the past? Yes No Has this person had a connection to Camp Roger in the past? Yes No

If so, describe that connection: _____ If so, describe that connection: _____

Mail (with deposit) to: Camp Roger, 8356 Belding Road, Rockford, MI 49341