



# CAMP ROGER

> OUTDOORS

Discovery Nature Center Home School Program  
September, 2011 - May, 2012

### Registration Form:

Child's Name(s)/ Age(s) \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact Person Telephone Number: \_\_\_\_\_

Preferred Day of the Week (circle one): Mondays OR Tuesdays

### Cost:

The cost for the nine sessions is \$108 per student. Please submit this payment with the registration form. Your place will not be reserved until both have been received by our office. There will be a maximum of forty-five (45) students accepted for each day. You may call Deb or Phil (616-874-7286) with more questions. More information will also be available on our website: [www.camproger.org](http://www.camproger.org).

### Schedule:

- Mon, September 19 (Tue, September 20) Teamwork & Community
- Mon, October 17 (Tue, October 18) Forestry
- Mon, November 14 (Tue, November 15) Insects, Mammals , Fish
- Mon, December 12 (Tue, December 13) My Michigan!
- Mon, January 16 (Tue, January 17) Winter Recreation
- Mon, February 13 (Tue, February 14) Wildlife Conservation
- Mon, March 12 (Tue, March 13) "Mud Time": A Study of Seasons
- Mon, April 16 (Tue, April 17) Birds, Reptiles, Amphibians
- Mon, May 7 (Tue, May 8) The Journey: A Brief Backpacking Experience



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### FOR OFFICE USE ONLY:

Confirmed by: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

Check No: \_\_\_\_\_/Date received: \_\_\_\_\_

Activity Participation Form Rec'd (one per child): \_\_\_\_\_



# CAMP ROGER

## Program Activity Participation Form

Group Name: \_\_\_\_\_ Group Leader Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Parent Name(s): \_\_\_\_\_

\_\_\_\_\_ Phone Number(s): \_\_\_\_\_

**Authorization:** I hereby give permission: (1) for my child to participate in the normally scheduled Camp Roger activities which may include the high-ropes adventure course, climbing tower, games, hiking, snowshoeing, cross country skiing, sledding and/or water activities; (2) 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. (3) 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.

**Liability:** You are scheduled to participate in an adventure based experience at Camp Roger that will involve a variety of activities in which there is a potential for risk that each participant must assume. We require that each participant have health or accident insurance coverage and/or be covered under a group liability or workers compensation insurance plan. In addition, certain health information must be shared with the Camp Roger staff so that we are prepared to respond appropriately if the need arises.

I understand that there are risks of personal injury that accompany my participation in programs at Camp Roger. By signing below I acknowledge that I have been informed as to the nature of these activities and the possible risks associated with them. I have accurately completed the health information section and affirm that I am able and willing to participate in these activities, with any restrictions that are listed. I understand that I may choose not to participate in any activity and that I assume responsibility for my actions.

**Health History Information:** Please consider your health carefully and provide all pertinent information. Please discuss any concerns you may have with a Camp Roger instructor before participating.

**Student Name:** \_\_\_\_\_

**Prescription Medications:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
*(food, plant, insect, etc.)*

**Medical Illnesses** \_\_\_\_\_  
*(Asthma, diabetes, seizures, etc.)*

**Limitations:** \_\_\_\_\_

**Other important information:**

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities excepted as noted in the limitation section. I understand that non-prescription medical may be administered to my child as needed if deemed appropriate by the camp staff (ex. Tylenol, Ibuprofen, band aids, etc.)

Signature of Parent/guardian: \_\_\_\_\_  
*(If participant is under 18 years old)*

Date: \_\_\_\_\_

**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.

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

Name:

Address:

City:

State: Zip code:

Email address:

Has this person had a connection to Camp Roger in the past? If so, describe that connection:

Name:

Address:

City:

State: Zip code:

Email address:

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