



Dear Friend of Camp Grace Bentley,

Thank you for your interest in Camp Grace Bentley on the shores of Lake Huron in Burtchville, Michigan - just north of Port Huron.

Enclosed you will find your registration materials for the 2019 camp season. Please be thorough in completing the forms, as this will expedite the application process and ensure that Camp Grace Bentley is best suited for your child.

Please complete the enclosed registration materials and mail them to the following address (*be sure to use adequate postage*):

Camp Grace Bentley

c/o Anthony DeWolfe

2549 Taylor Drive

Kimball, MI 48074

We are excited to receive your application. You will receive a letter of confirmation regarding your camper and the camp session(s) availability. If you have further questions, please call 313.962.8242 or email campgracebentley@gmail.com.

We look forward to the possibility of seeing you this summer!

Best regards

Marisa Boettcher

Director

**PLEASE FILL OUT ALL FORMS BEFORE SENDING IN:
THE CAMPER PHYSICAL RECORD MUST BE FILLED
OUT AND SIGNED BY A PHYSICIAN.**

CAMP GRACE BENTLEY

2019 Camper Application

Please mail this form back
to: Camp Grace Bentley
c/o Anthony DeWolfe
2549 Taylor Drive
Kimball, MI 48074

Campers may attend a maximum of two sessions with one session break in between. I

would like my child to attend session(s): Please indicate 1st and 2nd choices:

Please Check if you would like to attend both sessions

We are unable to grant requests for late arrival or early pick-up times.

Please choose a session where your child can be in attendance at camp for the entire nine days.

___ Session 1 Monday, June 24 - Tuesday, July 2

___ Session 2 Friday, July 5 - Saturday, July 13

___ Session 3 Tuesday, July 16 - Wednesday, July 24

___ Session 4 Saturday, July 27 - Sunday, August 4

****Applications must be submitted no later than 3 weeks before session begins.****

Camper's Name: _____
Last First Middle

Nickname _____

Address: _____
Number and Street

City State Zip Code

Telephone () _____ Work Phone () _____
Area Code Area Code

Cell Phone () _____

E Mail Address _____

Male _____ Female _____

Birthdate _____ Age by Camp Date _____

Camper Diagnosis _____

Can Camper Function on a 3-1 camper/counselor ratio? _____

**** Please note that we are not equipped to accept children who require one-on-one care. ****

Parent or Guardian's Full Name _____

Address, if different than above _____

Emergency Phone Numbers: (REQUIRED)

_____	()	()
(Parent's/ Guardian's Name)	(Home Phone)	(Work Phone)

_____	()	()
(Parent's /Guardian's Name)	(Home Phone)	(Work Phone)

If parent/guardian cannot be reached, whom shall we contact, in order of preference?

1 _____	()
Name	Relationship to Camper phone

2 _____	()
Name	Relationship to Camper phone

3 _____	()
Name	Relationship to Camper phone

While the child is at Camp Grace Bentley, parents will be:

_____ At Home

_____ On Vacation and may be reached at: (name/location)

() _____

Area code phone number

Specific Dates Gone: _____

Adults to whom camper can be released: _____

Anyone to whom camper MAY NOT be released:

Health Insurance Information:

Name of Company _____

Policy Number(s) _____

How did you hear about Camp Grace Bentley? _____

Please mail this form to:

**Camp Grace Bentley
c/o Anthony DeWolfe
2549 Taylor Drive
Kimball, MI 48074**

Upon submitting application to Camp Grace Bentley please note:

Application to Camp Grace Bentley does not insure that your child will be accepted. A committee will review the application to determine if Camp Grace Bentley is equipped to accommodate the needs of your child. Many factors are taken into consideration.

The decision of the committee is final.

**I agree to these terms: _____
(Parent or Guardian)**



CAMPER HEALTH QUESTIONNAIRE

To be filled out by child's parent or guardian.

Please mail this form back to:

Camp Grace Bentley

c/o Anthony DeWolfe

2549 Taylor Drive

Kimball, MI 48074

Child's Name _____

Date of Birth _____

1. Disability: (please circle)

Cerebral Palsy

Muscular Dystrophy

Spina Bifada

Epilepsy

Down Syndrome

Trainable Mentally Impaired

Autistic

Emotionally Impaired

Other _____

Please describe the level of impairment _____

2. Please indicate the following (associated problem)

	Normal	Impaired	Limitations
Hearing Ability	_____	_____	_____
Vision Ability	_____	_____	_____
Memory	_____	_____	_____
Time Concept	_____	_____	_____

3. Perceptual Ability -- Communications:

_____ No Difficulty _____ Verbalizes, but may be
difficult to understand

_____ Non Verbal _____ Yes/No Responses Only

Please Explain _____

4. General Health:

Does child have seizures? Yes No

If so, how long do they last? _____

Any respiratory difficulties? Yes No

Does child fatigue easily? Yes No

If so, symptoms to look for: _____

All medications must be in the original container with the child's name and dosage Medications: amount. We can not deviate from these directions.

Please send the exact amount of medication needed for the entire session.

Medication _____

Dosage _____ Time taken _____

Medication _____

Dosage _____ Time taken _____

Medication _____

Dosage _____ Time taken _____

Allergies to medication, please list:

Nutrition/diet notes, including allergies to food:

5. Proof of current immunizations must be presented:

_____DPT_____MMR_____Polio_____Others_____

6. Has child had previous surgery? _____

If so, date? _____

Broken Bones? _____

Which Ones? _____

Precautions _____

7. Skin care:

Any open areas? _____

Location?

Care notes

8. Special Equipment: (Circle those that apply)

Ambulation:

Crutches
Cane
Walker
Wheelchair
Electric Wheelchair
Amigo

Other:

Eating:

Special Cup
Straw
Special Dish
Special Utensils

Other:

Bracing:

Short leg
Long leg
AFO (Plastic)
Body Jacket
Hand Splint

Other:

Other:

Hoyer Lift
Toilet/Commode
Shower Chair
Shunt

Other:

9. Activities of Daily Living: (please check all that apply)

	Independent	Partial Resistance	Needs Full Care
Eating	_____	_____	_____
Ambulation	_____	_____	_____
Dressing	_____	_____	_____
Bathroom	_____	_____	_____
Bowel & Bladder	_____	_____	_____

10. Personal Care Information:

Child's approximate weight _____

Transfers: (please check)

_____ Can make transfers independently

_____ Can bear weight for pivoting

_____ Must be lifted, cannot bear weight

Circle any area where child may need assistance:

Showering

Shaving

Brushing teeth

Personal care during menstrual cycle

Other _____

11. Adjustment to Camp: (please circle)

Has your child been to camp? Yes No

If so, did he/she adjust well? Yes No

Has your child ever been away from home before? Yes No

Do you think he/she is likely to be homesick? Yes No

12. Does your child have a history of emotional or behavioral problems? Please be specific:

13. How do you manage this behavior at home? _____

14. Please describe your child's ability to follow directions: _____

15. Please describe your child's ability to get along and interact with others: _____

16. Does your child sleep through the night? _____

17. Please describe any eating concerns: _____

Other information you would like to share about your child _____

**The above information is true and accurate to the best of my knowledge.
I understand that Camp Grace Bentley is not equipped to service children who
require one-on-one care or are unable to function on a 3-1 camper/counselor ratio.**

Signed _____ **Date** _____

Upon receipt of this application, you will receive a tentative acceptance postcard and confirmation of the session of preference. Your final acceptance and checklist of what to bring to camp will arrive once you have a physical on file.

**Please mail this form back to:
Camp Grace Bentley
c/o Anthony DeWolfe
2549 Taylor Drive
Kimball, MI 48074**



CAMPER PHYSICAL RECORD

To be filled out by child's Physician.
Please mail this form back to:

Camp Grace Bentley
c/o Anthony DeWolfe
2549 Taylor Drive
Kimball, MI 48074

Patient's Name _____

TO BE ANSWERED BY PHYSICIAN

HEIGHT _____

WEIGHT _____

BLOOD PRESSURE _____

S=Satisfactory X=Not Satisfactory O=Not Examined

EYES _____

EARS _____

NOSE _____

THROAT _____

TEETH _____

HEART _____

LUNGS _____

ALLERGY _____

PLEASE SPECIFY _____

ABDOMEN _____

EXTREMITIES _____

POSTURE _____

SKIN _____

ASTHMA _____

PARASITES _____

HERNIA _____

All shots are up-to-date Yes _____ No _____

MEDICATIONS:

All medications must be in the original container with the child's name and dosage amount. We can not deviate from these directions.

Please send the exact amount of medication needed for the entire session.

MEDICATION NAME _____

DOSAGE _____

TIME TAKEN _____

MEDICATION NAME _____

DOSAGE _____

TIME TAKEN _____

MEDICATION NAME _____

DOSAGE _____

TIME TAKEN _____

SEIZURES Yes No

EMOTIONAL/ BEHAVIORAL PROBLEMS Yes No

BOWEL/BLADDER Yes No

CATHETER _____ Self _____ Yes ___ No _____

Assistance Yes _____ No _____

RESTRICTIONS:

TO SWIM Yes No

STRENUOUS ACTIVITY Yes No

DIAGNOSIS _____

SPECIAL EQUIPMENT _____

PRECAUTIONS (Explain in detail) _____

RECOMMENDATIONS AND OTHER RESTRICTIONS WHILE AT CAMP _____

GENERAL CONDITION OR APPRAISAL _____

I have examined the individual herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above, and is free from contagious diseases as specified above.

Name of Examining Physician _____ Date _____

Signature _____

Address _____

City _____ State _____ Zip _____

Telephone _____

**Please mail this form back to:
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c/o Anthony DeWolfe
2549 Taylor Drive
Kimball, MI 48074**

AGREEMENTS TO PARTICIPATE AT CAMP GRACE BENTLEY ("Agreement")

In order to allow any child to participate at Camp Grace Bentley ("CGB"), the child's parent(s) or legal guardian(s) must agree to the following (Please review carefully and seek legal counsel if necessary):

1. RELEASES AND INDEMNIFICATION AGREEMENTS AND ASSUMPTION OF RISK

In consideration of receiving permission for my son/daughter/ward to participate at CGB, I/We, _____ and _____, the Parent(s)/Legal Guardian(s) of _____ (the "participant"), hereby agree to **RELEASE and FOREVER DISCHARGE**, CGB, The Michigan League for Crippled Children ("MLCC") and their respective employees, administrators, directors, officers, counselors, medical personnel, independent contractors, volunteers, agents and insurers (collectively, the "Releasees") from and against all liability, costs and expenses of whatever kind or character (including without limitation attorney fees) arising out of or related to any loss, damage or injury (including all types of injuries ranging from minor scrapes and bruises to concussions, seizures and even death) that may be sustained by the participant or any of the property belonging to the participant or brought to CGB by the participant (hereinafter referred to as "participant's property") while participating at CGB (including any activities on or off the CGB or MLCC's premises), while on CGB or MLCC's premises or as a result of the administration of medical care to the participant. To the extent participant actively participates in an athletic or recreational sport at CGB ("recreational activity"), I/We also release either or both the sponsor, organizer, paid persons and volunteers ("limited Releasees") who coach or assist in conducting the recreational activity on behalf of the participant for liability for injury or death that results from the inherent risk of the recreational activity. This release on behalf of the participant is in addition to my/our release, but does not release the limited Releasees from their own negligence or the negligence of their employees or agents that causes or contributes to the participant's injury or death.

I/We also agree to **INDEMNIFY, DEFEND and HOLD HARMLESS** the Releasees from and against all liability, costs and expenses of whatever kind or character (including without limitation attorney fees) arising from or related to any loss, damage, personal injury (including all types of injuries ranging from minor scrapes and bruises to concussions, seizures and even death) or injury to property that is caused or sustained by the participant or arising from the participant's acts.

I/We are fully aware of and acknowledge the potential risks of serious personal injury associated with the participant participating at CGB and any risks inherent in any other activities connected with participating at CGB, including by way of example and not limitation, slip and fall accidents, choking, drowning, allergies to food and even death. CGB has provided me/us with an opportunity to ask any questions I/we may have about CGB or this Agreement and I/we are aware of its website at <http://www.campgracebentley.org> that provides additional information about CGB. I/We hereby agree to allow the participant to fully participate in all CGB functions and activities and voluntarily **ASSUME FULL RESPONSIBILITY** for any risks of loss, accidents, property damage or personal injury (including all types of injuries ranging from minor scrapes and bruises to concussions, seizures and even death) that may be sustained by the participant or any loss or damage to the participant's property while participating at CGB, while on CGB or MLCC's premises or resulting from the administration of medical care to the participant. Excluding the limited release I/we have provided on behalf of the participant, the foregoing releases indemnification and assumption of risk agreements include all liability, costs, expenses (including without limitation attorney fees), risk of loss, accidents, property damage and injury that arises from or is related to the partial or sole negligence of the Releasees, but not the gross negligence or intentional misconduct of the Releasees.

2. CONSENT TO ADMINISTRATION OF MEDICAL TREATMENT AND AGREEMENT TO MAINTAIN HEALTH INSURANCE

I/We consent to MLCC seeking reasonable and necessary medical treatment for the participant and agree to be responsible for any costs associated with such treatment. By way of example, treatment could vary from the routine administration of Tylenol to securing emergency treatment for the participant.

By signing this Agreement, I/we certify that I/we have sufficient health care coverage for the participant and such coverage will be maintained while the participant is at CGB.

3. CONSENT FOR PARTICIPANT TO BE PHOTOGRAPHED OR VIDEOTAPED

I/We give permission for the participant to be photographed and videotaped in CGB activities and allow MLCC or any media outlets approved by MLCC to use these photographs/video tapes for any use MLCC deems in its sole discretion to be fit, including without limitation, the use of photographs/video tapes for promotional purposes.

4. AGREEMENT TO PICK UP PARTICIPANT IF MLCC DEEMS IT NECESSARY

In the event MLCC in its sole discretion deems it necessary to send the participant home early (including for example due to participant's illness, behavior or inability to function under the current 3:1 camper to counselor ratio), I/we agree to pick up the participant within 24 hours of MLCC's notification.

5. MISCELLANEOUS PROVISIONS

This Agreement will survive and bind me/us unless and until a subsequent agreement is signed by me/us.

The represents the entire and integrated agreement regarding the terms and conditions that I/we must agree to in order to allow the participant to participate at CGB and supersedes prior negotiations, representations or agreements, either written or oral. I/We further acknowledge that the execution of this Agreement intends that in the event of my/our death, this Agreement shall be binding on my/our estate(s), heirs, beneficiaries or any other successors in interest.

In the event any parts of this Agreement are held to be invalid or unenforceable, the remaining provisions of this Agreement shall nevertheless be binding with the same effect as though the invalid parts were deleted, or such invalid parts shall be deemed to be modified in a manner consistent with the intent of such invalid part, so as to make it valid and enforceable, and this Agreement and application of such parts to person or circumstances other than those with respect to which it would be invalid or unenforceable shall not be affected thereby.

Michigan law shall govern, construe and enforce all of the rights and duties of the parties arising from or relating in any way to the subject matter of this Agreement.

SIGNATURE BELOW VERIFIES THAT EACH OF THE UNDERSIGNED HAS READ, FULLY UNDERSTANDS AND AGREES TO ALL THE TERMS AND CONDITIONS STATED IN THIS AGREEMENT.

(Signature of Parent/Legal Guardian)

Date

(Signature of Parent/Legal Guardian)

Date

(If the participant has two parents, both will be required to sign this Agreement.)

Print Name of CGB Participant