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 2020 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

2020 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 Wednesday, June 24 - Thursday, July 2
___Session 2 Sunday, July 5 - Monday, July 13
___Session 3 Thursday, July 16 - Friday, July 24
___Session 4 Monday, July 27 - Tuesday, 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)

<table>
<thead>
<tr>
<th>Parent's/ Guardian’s Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent’s /Guardian’s Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
   - Epilepsy
   - Trainable Mentally Impaired
   - Muscular Dystrophy
   - Down Syndrome
   - Autistic
   - Spina Bifada
   - Emotionally Impaired
   - Other_________________________________________________________

Please describe the level of impairment_____________________________________

2. Please indicate the following (associated problem)

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Impaired</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing Ability</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Vision Ability</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Memory</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Time Concept</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

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 cannot 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:  Eating:  Bracing:  Other:
   Crutches   Special Cup   Short leg    Hoyer Lift
   Cane       Straw        Long leg    Toilet/Commode
   Walker     Special Dish  AFO (Plastic)
   Wheelchair Special Utensils Body Jacket
   Electric Wheelchair Amigo  Hand Splint
   Other:      Other:        Other:

   ____________________  __________________  _______________  ________________
9. Activities of Daily Living: (please check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Independent</th>
<th>Partial Resistance</th>
<th>Needs Full Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel &amp; Bladder</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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________________________  ABDOMEN_____________________
EARS________________________  EXTREMITIES_____________________
NOSE________________________  POSTURE________________________
THROAT______________________  SKIN________________________
TEETH_______________________  ASTHMA________________________
HEART_______________________  PARASITES_______________________
LUNGS_______________________  HERNIA________________________
ALLERGY_____________________  
PLEASE SPECIFY________________________

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 cannot 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
STRENUEOUS 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:
Camp Grace Bentley
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, ____________________________, 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 incurred 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

Page 1 of 2
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