

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](mailto: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.**



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? \_\_\_\_\_

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**Please mail this form to:**

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

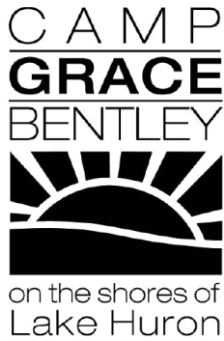
**Upon submitting application to Camp Grace Bentley please note:**

**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 \_\_\_\_\_

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**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:

Eating:

Bracing:

Other:

Crutches  
Cane  
Walker  
Wheelchair  
Electric Wheelchair  
Amigo

Special Cup  
Straw  
Special Dish  
Special Utensils

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

Hoyer Lift  
Toilet/Commode  
Shower Chair  
Shunt

Other:

Other:

Other:

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? \_\_\_\_\_

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

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

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16. Does your child sleep through the night? \_\_\_\_\_

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17. Please describe any eating concerns: \_\_\_\_\_

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Other information you would like to share about your child \_\_\_\_\_

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**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:  
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, \_\_\_\_\_ 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**