

Youth Camp Guidelines & Important Information

1. Check-In & Check-Out - We request that campers do not arrive earlier than 9:00 a.m. Check in begins at 10:00am.

Youth Camps			
Check In Location	Camp	Check In	Check Out
FA-HO-LO, Tabernacle	Jr. High Camp	Monday June 25, 10:00 a.m.	Friday June 29, 2:00 p.m.
FA-HO-LO, Tabernacle	Sr. High Camp	Monday July 9, 10:00 a.m.	Friday July 13, 2:00 p.m.
LOST VALLEY, Warnick Activities Center	Jr. High/Sr. High Camp	Monday July 16, 10:00 a.m.	Friday July 20, 2:00 p.m.

Registration will close promptly at 12:00 p.m. at which time, beds assigned to “no shows” will be given to walk on campers.

2. Addresses to our Camps:

Fa-Ho-Lo Camp- 3000 Mount Hope Road. Grass Lake, MI 49240

Lost Valley Camp- 5724 Michigan M-32 W. Gaylord, MI 49735

3. **TUITION** includes registration, room, meals and all recreational activities.
4. **ROOMS** are pre-assigned. Housing information will not be given out over the phone. You will receive your assignment at check in. Space is guaranteed **ONLY** until noon the day of Check-in unless prior arrangements have been made. **Roommate requests are NOT guaranteed.**
5. **REFUND POLICY** – Refunds of all but \$35.00 will be made only if the District is notified of your cancellation **One Week PRIOR to the Monday** of camp you are registered for. After this date, registrations **minus \$-50** will be transferable for a following camp season **ONLY**.
6. **HEALTH & HYGEINE** are very important. We do check for head lice at the beginning of camp. Any camper not completely nit free will be sent home. If treated and nit free, he/she may return to camp that week.
7. **MEDICATIONS** must be turned into the nurse and dispensed by the nurse, per state requirements (This includes aspirin, Tylenol, Advil, Alive all over-the-counter medications etc.). Please bring your medication and all necessary instructions with you when you register. All medication must come in its original container, with the camper’s name on the label and with specific instructions for its distribution. (Includes inhalers for asthmatics and EpiPens for those allergic to insect sting/bites.) Should you have questions, **please ask the nurse at check in.** All unclaimed medicine will be discarded after 2 weeks.
8. *MODEST APPAREL IS A NECESSITY! It is our desire that campers be comfortable. However, it is also our desire that their dress be decent and modest. A*

camper's involvements in the activities, conduct on the grounds, and dress while at camp, all play an important part in the development of a modest atmosphere. No short-shorts, halters, low cut tops, bare midriffs, yoga pants, leggings, spandex shorts/pants, or Speedos will be permitted. Swimsuits must be a modest one-piece. A covering must be worn to and from the pool and waterfront. Bring water shoes.

9. Camp is a fun place, and fun sometimes means dirty. ALL campers need to bring a set of old clothes and shoes that can be ruined.
10. **DO NOT BRING** TVs, portable DVD player, radios, MP3 player, iPod laptops, electrical appliances, (this does not include blow dryers and curling irons), tobacco products, fireworks, knives or weapons of any kind – toy or otherwise. Campers are not allowed to use cell phones while at camp, should they need to call home, the group leader will help them make the call. No matches or lighters permitted. Weapons, pornography, drugs, firearms and alcohol of any kind *could be grounds for immediate dismissal*.
11. **BREAKAGE – Campers (or parents) are responsible for damage to camp property.**
12. **VISITOR POLICY** – Our youth camps are only for those who have registered. We request that during all camps, parents refrain from visiting, calling their children during the week, or coming to the camp before check-out. In the past, the above practices usually promote homesickness and other complications. In case of emergency or inquiry, the camp office may be contacted day or night.

Fa-Ho-Lo Camp: 517-522-6800
Lost Valley Bible Camp: 231-546-3851
13. **Spending Money** – Camp T-shirts, and other items will be available for purchase. The snack bar will be open at various times for your convenience. We recommend \$25 or more spending money for the week. Please send this to camp with your child in small bills (\$1 or \$5). Checks and large bills will not be accepted.
14. **Youth Alive** – There will be offerings received for the Mission of Youth Alive. Youth Alive is a student initiated campus ministry. Youth Alive trains students to see their campus like their mission field. They are encouraged to live their life in a compassionate manner as Christ follower. Youth Alive also reaches out to teens in other school Assemblies. Jason & Lindsay Forsman are currently our Youth Alive Missionaries Directors.
15. **Bring** – Bible (attendance at all services is required), pencil, linens, pillows and blankets, sleeping bags (mattress provided by camp), swimsuit, at least 2 towels (for bathing and for water activities), soap, personal items, and 2 garbage bags (one for dirty items and one for wet items). Evenings are cold so come prepared!
16. **Facility Searches**-please review the policy for searches that will be conducted during camp of the buildings and contents. This is for the safety of everyone. The policy can be found at www.aogmi.org under the Kidz, Youth or Camps pages.
17. The Assemblies of God, Michigan District is not responsible for lost or stolen articles.

If you have questions after reading, please contact the Michigan District Kidz & Youth Offices at 248-737-3801 ext. 108 or by emailing youth@aogmi.org.

2018 Youth Camp Registration Form
Form to be completed by Parent/ Legal Guardian

Office Use Only: Amount: \$ _____ Discount: Y/N CK/Cash/Credit: _____ P.M. Date: _____ TS: Y/N Initials: _____

<p>FA-HO-LO, Grass Lake, MI</p> <ul style="list-style-type: none"> <input type="radio"/> Jr. High Camp, June 25 - June 29 (Going into 7th-9th grade) <ul style="list-style-type: none"> • Cost before June 11: \$225 • Cost after June 11: \$260 <input type="radio"/> Sr. High Camp, July 9 - 13 (Going into 10th grade- 2017 HS Grad) <ul style="list-style-type: none"> • Cost before June 25: \$225 • Cost after June 25 \$260 	<p>LOST VALLEY, Gaylord, MI</p> <p>Please circle appropriate age group for your child:</p> <p align="center">Junior High Senior High</p> <ul style="list-style-type: none"> <input type="radio"/> Jr. High/Sr. High, July 16 - 20 (Going into 7th grade- 2017 HS Grad) <ul style="list-style-type: none"> • Cost before July 2: \$199 • Cost after July 2: \$234
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Legal Name _____

Gender (circle one): M or F DOB (m/d/y) ____/____/____ Age _____ Grade going into in the fall _____

Address _____ City/State _____ Zip _____

Parent/Guardian _____ Day/Evening Phone (_____) _____

Parent's Cell Phone (_____) _____ Email _____

Home Church _____ Church City _____

DO NOT RELEASE MY CHILD TO... List any person you **do not** want your child released to at the end of camp. Give specific names, **not** general terms _____

IN CASE OF EMERGENCY The parent/legal guardian will be called first, then the following: (Please list two)

Name _____ Cell Phone _____ Day/Evening _____

Name _____ Cell Phone _____ Day/Evening _____

HOUSING

Room with (Max. of 2) _____ (No guarantee)

Your room assignment will not be available prior to camp and will not be given over the phone. You will receive your assignment at check-in. Space is guaranteed **ONLY** until noon the day of check-in unless prior arrangements have been made. Should you need an air-conditioned room due to a medical reason, **you must submit a note from your doctor, on their letterhead, stating why it is needed. This note must be included with this application. No exceptions!**

HEALTH RECORDS

Please mark the immunizations received: (immunizations are not required)

DPT _____ Tetanus _____ Polio _____ TB _____ Measles _____ Hepatitis B vaccination _____

Please list allergies (food, medicine, insects, etc.): _____

Current medications student is taking (prescription & nonprescription): _____

Is the student currently being treated for any infectious diseases? _____ If yes, please explain: _____

Behavioral problems or physical limitations: _____

Have or subject to: Ear infection _____ Diabetes _____ Asthma _____ Convulsions _____ None _____ Other _____

Physician: _____ Phone: _____

Insurance Company _____ Name of insured _____

Policy # _____

*No physical exam needed. Should you have no insurance provider, please indicate "none" on the policy # line.
 Parental/Guardian authorization is required at completion of this form for emergency medical treatment.*

PAYMENT INFORMATION

Family discounts are given to children of the same family as follows: \$15 off for the second child and \$25 off each additional child.

are registered for. After this date, registrations are transferable for the **2019** camp season.

Walk-on registrations are allowed depending on space availability. The driver and camper should plan on being in the registration area for three hours to complete the process. Late registrants may receive a phone call telling them to come as walk-on.

Video a download will be made of all camps at the close of each camp

Refunds All but \$60 will be refunded **only** if the District is notified of your cancellation on or before Monday prior to the week of camp you

Camp T-shirts pre-buy for pickup at camp. (Optional) Cost is \$15 and must be included with registration form.

(Adult sizes only)
 Circle one: AS AM AL AXL AXXL
(you must include the size you are requesting)

2018 Youth Camp Registration Form

PLEASE REVIEW THE FOLLOWING GUIDELINES & STANDARDS

1. **TUITION** includes registration, room, meals and all recreational activities.
2. **ARRIVAL & CHECK OUT TIME** – NO CAMPER IS TO ARRIVE TO ANY CAMP EARLIER THAN 9:00 AM ON REGISTRATION DAY. **Registration begins at 10:00am. CHECK OUT TIME IS 2:00 PM ON FRIDAY.**
3. **HEALTH & HYGIENE** are very important. We do check for head lice at the beginning of camp. Any camper not completely nit free will be sent home. If treated and nit free on the first attempt, he/she may return to camp that week.
4. **MEDICATIONS** must be turned into the nurse and dispensed by the nurse, per state requirements. Please bring your medication and all necessary instructions with you when you register. All medication must come in its original container, with the camper's name on the label and with specific instructions for its distribution. Should you have questions, **please ask the nurse at check in.**
5. **MODEST APPAREL IS A NECESSITY!** It is our desire that campers be comfortable. However, it is also our desire that their dress be decent and modest. A camper's involvement in activities, conduct on the grounds, and dress while at camp, all play an important part in the development of a modest atmosphere. No short-shorts, halters, low cut tops, bare midriffs, yoga pants, leggings, spandex shorts/pants, or Speedos will be permitted. Swimsuits must be a modest one-piece. A covering must be worn to and from the pool and waterfront. Bring water shoes.
6. **CAMP** is a fun place, and fun sometimes means dirty. ALL campers need to bring a set of old clothes and shoes that can be ruined.
7. **DO NOT BRING** TVs, portable DVD player, radios, laptops, electrical appliances, (this does not include blow dryers and curling irons), tobacco products, fireworks, knives or weapons of any kind – toy or otherwise. No matches or lighters. Weapons, pornography, drugs, firearms and alcohol of any kind *could be grounds for immediate dismissal.*
8. **BREAKAGE** – Campers (or parents) are responsible for damage to camp property.
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10. **SPENDING MONEY** – The snack bar will be open at various times for your convenience. We recommend \$25 or more spending money for the week. Please send this to camp with your child in small bills (\$1 or \$5). Checks and large bills will not be accepted.
11. **BRING** – Bible (attendance at all services is required), pencil, linens, pillows and blankets, sleeping bags (mattress provided by camp), swimsuit, at least 2 towels (for bathing and for water activities), closed toed shoes, soap, personal items, and 2 garbage bags (one for dirty items and one for wet items). Evenings are cold so come prepared!
12. **FACILITY SEARCH** – please review the policy for searches of the buildings and contents that will be conducted during camp. This is for the safety of everyone. The policy can be found at www.aogmi.org.
13. The Assemblies of God, Michigan District is not responsible for lost or stolen articles.

"I agree to obey the above standards and additional guidelines for campers given to me in orientation."

Camper signature _____ (required)

"I give permission for my child to attend camp. I authorize the camp to consent to emergency medical or surgical treatment of my child, and to routine, non-surgical medical care. I also agree to pay for the performance of such treatment, anesthetics, and operations as deemed necessary in the opinion of the attending physician."

By filling out this form, you agree to allow us to use any media coverage taken during this event for future promotions and publications by the Assemblies of God, Michigan District without further notification.

Printed name of parent/legal guardian/authorized person _____

Signature of person named above _____

Incomplete forms will delay the processing of your camper's registration. State law requires all sections of this form to be filled out completely. Did your camper sign? Keep a copy of this form for your records.

Mail registrations to (no faxes accepted): Youth Camp, 31500 West 13 Mile Road, Suite 140, Farmington Hills, Michigan 48334
If you have questions, please contact the Michigan District Kidz & Youth Offices at 248-737-3801 ext. 8 or emailing youth@aogmi.org.

Cost of camp:	\$ _____
T-Shirt (\$15): Did you select your size?	+ \$ _____
Credential Holder	- \$ _____
Discount Amount, if applicable:	- \$ _____
TOTAL AMOUNT ENCLOSED:	\$ _____

➤ **Pay via Check**

- Enclose a check made payable to "Assemblies of God"
- A \$35 service fee is applied to all returned checks

➤ **Pay via Credit Card** (VISA or MasterCard)

Name on Card _____

CC# _____

Exp. ____/____ 3-digit code on back _____ Authorized amount \$ _____

Street Address _____ Zip Code _____

Signature _____