

Camp Fish Tales

2177 E Erickson Rd.
Pinconning, MI 48650
Toll Free: (866) MY-TALES
Office: (989) 879-5199
www.campfishtales.org

Camper Application

Personal Info: Please PRINT CLEARLY!

Camper Name:		
Birthdate:	Sex: Male Female	Email:
Responsible Party:		
Address:		City:
State:	Zip:	County:
Disability	Home Phone:	2 nd Phone
If I cannot be reached please contact: MUST BE 2 DIFFERENT NUMBERS (CANNOT BE THE SAME AS HOME PHONE!!)		
Name:		Name:
Relationship:		Relationship:
Home Phone:		Home Phone:
Cell/Work Phone:		Cell/Work Phone:

Please choose your weeks of camp and label them 1st choice and 2nd choice.

Session	Date 2012	Level 1	Level 2	Age Range
1	June 10 – June 15			Adult (35 and over)
2	June 17 - June 22			Young Adult (18-40)
3	June 24 – June 29			Youth (6-17)
4	July 8 – July 13			Adult (35 and over)
5	July 15 – July 20			Young Adult (18-40)
6	July 22 – July 27			Youth (6-17)
7	August 5 – August 10			Reserved
8	August 12 – August 17			Overflow
9	August 19 – August 24			Adult (18 and over)

Level 2 camper: Foley Bag, Hoyer Lift, Feeding Tube.

Level 1 \$475.00 Level 2: \$550.00

Application should be returned as soon as possible with \$100.00 deposit or agency approval to pay.

\$200.00 to be received by June 1.

Remaining balance due at time of registration.

There will be no exceptions unless you contact the office prior to registration and get an approved payment plan.

How do you plan to pay the camp fees?

Please only mark one field.

I/My family will pay the camp fees.

I/My family have contacted the following organization for a campership.

Name of Organization: _____

Amount of Campership: _____

Camper Information:

The following is very important. We need this info to give the best camp experience. Please be sure to complete all fields.

Personal Likes and Dislikes:

What do you / the camper enjoy to do? (Any hobbies or interest?)

How would you describe your / the camper's personality? (Alert, easy going, shy, moody?)

Eating Habits:

Please Describe your / the camper's eating habits. (Good, fair, poor?)

Please describe any special diet in which you would like the camp to follow?

Sleeping Habits:

Do you / the camper need any help during the night or at bedtime? (Night Bracing, Dressing, or needing direction)

Can you / the camper turn in bed without help, or is there a special position you sleep in?

Orthopedic Equipment:

Do you / the camper wear any types of braces? (please include body, leg, hand splints or anything worn during normal activities)

Is a lifter used to move you / the camper, if yes will it be brought to camp?

Communications:

Do you / the camper speak? If difficulty speaking please describe. (uses sign language, writes out words)

Are you / the camper visually impaired?

Mobility:

Do you/the camper use a walker
 wheelchair (power or manual)
 amigo
Please check box none

Can you / the camper transfer yourself? (bear weight on arms)

Do you / the camper require range-of motion exercises?

Medical Section:

Please check the box if you / the camper had or are subject to the following:

Apnea	Fatigue	Respiratory Problems	Bed Wetting
Asthma	Hearing Problems	Serious Injury	Skin Breakdown
Bladder Infection	Seizures	Skin Problems	Constipation
Homesickness	Sleepwalking	Cramps	Hysteria
Special Fears	Dentres/Bridge	Headaches	Surgery
Diabetes	Indigestion	Diarrhea	Ear Infections
Menstrual Problems	Violence	Epilepsy	Eye Problems
Nausea	Fainting	Nervous Condition	
Date of Last Cycle:		Other:	

Allergies:

Please list any allergies and also your / the camper's reaction next to them.

Foods:
Hay Fever:
Insect Bites:
Ivy Poisoning:
Penicillin:
Medications:
Other:

Diseases:

Do you / the camper have a "current" Infectious disease? If yes, what?	
Have or have had:	
<input type="radio"/> Chicken Pox	<input type="radio"/> Measles
<input type="radio"/> German Measles	<input type="radio"/> Mumps
<input type="radio"/> Hepatitis	<input type="radio"/> Rheumatic Fever

Please include a list of all current immunizations and also a copy of a current TB test with your physical.

Summer T-Shirts:

T-Shirts should be pre-ordered. Orders submitted with your application will be ready for camper at time of <i>checkout</i> . Some extra t-shirts will be available, but quantities and sizes maybe limited. T-shirts should be paid for at the time of check in. We ask that you do not pre-pay for shirts. If you would like to order a t-shirt just select the size below and mark the quantity for each. By selecting the shirt size you are not obligated to purchase a shirt. Design to be decided					
Small:	\$13.00	Medium:	\$13.00	Large:	\$13.00
X-Large:	\$13.00	XX-Large:	\$15.00	XXX-Large:	\$15.00

Public Relations Release:

While camp sessions are going on, many photographs are taken by campers and staff members. As we develop promotional materials we wish to use some of these pictures of our campers in action. Fish Tales would like your permission to use these photographs in some of our flyers, newspaper articles, television advertisement, and other promotional materials. Your name will never be used with these photos.

- Yes, I agree to have any pictures taken used in Camp Fish Tales promotional materials.
- No, I do not wish to have my picture used in promotional materials.

Signature: _____

Date: _____

Medical Release:

To whom it may concern,

The health history provided is correct so far as I/we know and the person herein described has permission to engage in all prescribed camp activities, except as noted by me/us and/or examining physician. I/we certify to the best of my/our knowledge, the camper does not have any contagious disease or condition. I/we also understand that the camp is not responsible for illness due to previous poor health conditions.

If there is an emergency while you/ the camper is at Camp Fish Tales or going to and from camp, I/we authorize the director or medical staff of the camp to use their best knowledge to select and designate nurses, physicians, and/or surgeons to furnish nursing medical and/or surgical care should it prove to be necessary and the admittance to a hospital in case of emergency.

As a parent/guardian or adult camper, I/we hereby authorize treatment by a qualified and licensed physician in an emergency which in the opinion of the attending physician may endanger the camper's life, cause disfigurement, physical impairment, or undue discomfort if delayed. I/we further absolve the designated nurses, physicians, and /or surgeons from any and all liability for their reasonable acts done in good faith.

I/we understand that I/we will be notified of any emergency as soon as possible.

This form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Printed name of parent/guardian or adult camper

Signature of parent/guardian or adult camper

Application Can Also be completed at CampFishTales.org
