



CAMP MOUNT + MICHAEL

REGISTRATION 2020

Camper Name: _____ Birthday: _____ Age: _____

School Attended 2019-2020: _____ Grade in Fall: _____

Number of years at Camp Mount Michael: _____ T-SHIRT Youth Size: _____ Adult Size: _____

Please put my son in the same group as: _____

Parent/Guardian: _____

E-Mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Home # _____ Work # _____

YOUTH SPORTS CAMPS 2020

Soccer \$15 June 11 _____	Basketball (overnight) \$80 May 27-28 _____	Wrestling \$20 June 9 _____	Baseball \$30 June 1-3 _____	Football \$30 JULY 13-15 _____
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CAMP MOUNT MICHAEL SESSIONS 2020

WK 1 June 14-19 _____ WK 2 June 21- 26 _____ WK 3 July 5-10 _____ WK 4 July 12-17 _____ WK 5 July 19-24 _____

Each session is \$350 total per week

NOTE: A \$50 deposit is due along with the application. The entire \$350 can be paid at this time if you wish to do so.

In placing my son in your care, I agree to all terms, regulations and activities of Camp Mount Michael. I agree to bear the burden of any expense arising from accident or illness, which is not covered by the camp insurance policy while my son is under the authorities of the camp. I understand that the \$50 deposit will be applied towards the total camp fee and is non-refundable even in case of disciplinary action and/or homesickness.

Parent/Guardian Signature _____ Date: _____

Events arise where Mount Michael campers may be photographed or recorded for television, newspaper, website, or radio coverage. If the parents object to this they must notify the camp director in writing prior to the beginning of their child's camp session.

Mail application to:
Camp Mount Michael
Attn: Camp Director
22520 Mount Michael Road
Elkhorn, NE 68022-3400

2020 CAMP MOUNT MICHAEL
MEDICAL RELEASE FORM

Emergency Contact (s)

1. _____ Relation to camper: _____

Cell # _____ Home # _____ Work # _____

2. _____ Relation to camper: _____

Cell # _____ Home # _____ Work # _____

Health History

My son has the following medical problems which should be noted:

My son has the following allergies which should be noted:

Date of last tetanus shot: _____ Operations or other serious illness: _____

Is your child on medication? _____ What kinds? _____

Which medications will he be bringing to camp? _____

The health history is correct to the best of my knowledge and the person described herein has permission to engage in all prescribed camp activities except noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment, and to order injection, anesthesia or surgery for my child as named above.

I understand that the purpose of this is to totally relieve Camp Mount Michael and its owners, agents, and employees from any and all liability for injuries, deaths or loss of property sustained by me or by my child by any person in my charge as a result of participation in a Camp Mount Michael activity.

Parents/Guardian Signature _____ Date: _____