Dear Youth Advisor and Parents:

It's nearly time for the annual State Youth Camp. This year it will be held JULY 21 through JULY 27, 2019.

Youth Camp this year will be held at MICHIGAN EAGLES FAMILY REC CENTER. **There are a few changes to the forms, so we are asking all advisors and parents to please read all the forms carefully. ALL FORMS AND FEES ARE TO BE MAILED BY JUNE 15, 2019.**

Adults to bring their trailers and tents.

All camp counselors please try to be at camp Sunday, July 21, 2019 at 11:00 a.m. for a brief meeting and to help set up camp.

Check-in time for campers will be Sunday, July 21, 2019, from 3:00 p.m. to 5:00 p.m. NO EARLY CHECK-INS will be accepted. You must provide tents for campers.

Check-out time for campers will be Saturday, July 27, 2019 at 11:00 a.m.

If your Youth Group would like to run a youth for State Office, they need a signed letter from their parents giving permission. Please explain to the parents about the monthly meetings and State Convention in June and that it is their responsibility to provide transportation for their youth.

We need a male lifeguard as well as night security.

If you have any questions or concerns, please contact me at annette_ferris@yahoo.com.com or (517) 507-6753.

Thank you.
Annette Ferris, Auxiliary State Youth Chairman

MICHIGN STATE F.O.E YOUTH CAMP

YOUTH RULES AND REGULATIONS

JULY 21st THRU JULY 27TH, 2018

NO EARLY CHECK IN

1. Once you are signed in at camp, you may not leave the campgrounds until your parents, or an authorized person cleared through the camp office, sign you out.
2. You will be expected to remain on the camp premises at all times. No youth shall enter any areas of the property that the State Youth Committee deems **OFF LIMITS**. There will be no exceptions.
3. Physical violence will not be tolerated. Defacing or destructions of property belonging to another person or the camp will also not be tolerated.
4. **NO BARE FEET** in any area of the campground, other than the swimming area and the showers. Shoes must be worn at all times. No open shoes on the volleyball court.
5. No youth is to be in the swimming area without a lifeguard on duty. Only properly fitting swimsuits are to be worn in the swimming area. No cutoffs or other leisure clothing will be allowed.
6. All youth will be in their tents and quiet at 11:00 p.m. There will be **NO CO-ED** tents.
7. There will be **NO USE OF TOBACCO OR ALCOHOL** by any youth on the premises. THIS IS A STATE LAW. In the event this infraction occurs, the parents or guardian will be notified, and the youth will be sent home.
8. iPod are not to be removed from the tent before the 1st activity and must be kept at a moderate volume.
9. Nametags are to be worn in a visible area on the front of your shirt at all times.
10. The deadline for a full refund of camp fee is June 15. After June 15, there is a $10.00 non-refundable fee for camp collection and we cannot guarantee a camp t-shirt.
11. **EACH AERIE MUST SEND ONE (1) ADVISOR FOR EVERY ONE TO SIX (1 TO 6) YOUTHS ATTENDING CAMP FOR THEIR AERIE.**
12. Campers do not bring money. Snacks and beverages will be provided.
13. Do not bring jewelry or other valuables to camp as we are not responsible for valuable articles!
14. Parents, ABSOULTELY NO CANDY, GUM, OR CARE PACKASGES should be sent with your child, they are fed three nutritious meals a day picked by the State Youth Officers and are given a snack in the evening. Candy hidden in personal belongings attract ants and other animals. Because of this issue, we reserve the right to search sleeping areas as well as baggage/luggage,
15. **NO CELL PHONE ARE ALLOWED AT CAMP**.
16. Any camper sent home from camp will not be allowed back without further review of the State Youth Committee and the State Youth Tribunal.
17. If your child feels the need to call home, they must talk with a counselor first.
18. The State Youth Tribunal will issue any disciplinary measures and deal with any youth breaking these rules.
19. Any above not covered will be decided by the State Youth Committee.

MICHIGAN STATE F.O.E. YOUTH CAMP ENROLLMENT FORM
CAMP DATES: July 21st THRU July 27th, 2019
MICHIGAN EAGLES FAMILY REC CENTER

YOU MUST HAVE YOUR OWN TENT

Please Print
Child's Name _____ _____Aerie Name or #_____

Birth Date __/___/____ Age at time of camp ___ Sex M F_____

Shirt Size: Adult sizes only: (circle one) S M L XL 2XL 3XL 4XL

Address _____ City _____ Zip_____

Father _____ Place of employment_____

Home Phone ( ) _____Work ( )_____ Cell ( )_____

Mother _____ Place of employment_____

Home Phone ( )_____ Work ( )_____Cell ( )_____

Mail enrollment and Health form with camp fee of $90.00 no later than 6/15/2019
Please make checks payable to MICHIGAN STATE YOUTH CAMP 2019

AFTER THE 15TH THERE IS A $10.00 LATE FEE AND WE CANNOT GUARANTEE A CAMP SHIRT.

Mail to:
Annette Ferris,
2700 Eaton Rapids Rd Lot #65
Lansing, MI, 48911
517-507-6753

Deadline for full refund for camp fee is June 16th
After June 15th there will be a $10.00 non-refundable fee.

I **DO NOT** give permission for any pictures taken of my child to be used for camp promotions and on the State Youth website. ☐

MICHIGAN STATE F.O.E YOUTH CAMP
CHECK LIST - WHAT YOU WILL NEED AT CAMP

CHECK IN
Sunday July 21, 2019
3:00 p.m. to 5:00 p.m.

CHECK OUT
Saturday, July 27, 2019
11:00 a.m.

NO EARLY CHECK IN

MEDICATION (if needed) MUST BE BROUGHT IN ITS PHARMACY CONTAINER

PLEASE MAKE SURE TENT IS IN PROPER CONDITION

i.e. weatherproofed, all parts are present and a rain fly.

WE RECOMMEND THAT YOU PACK EVERYTHING IN PLASTIC TUBS

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CHECK LIST FOR CAMPER

REMEMBER YOU ARE PACKING FOR 6 DAYS AND IT GETS CHILLY AT NIGHT

At least 2 pairs of shoes
Swimming towels (2)
Shower Towels (At least 3)
Washcloths
Soap and Shampoo
Toothbrush and Toothpaste
Socks (10 pair)
Underwear (10 pair)
Shirts (enough for 6 days)
Shorts
Long pants (enough for 6 days)
Sweatshirts (4)
Laundry Bag
Deodorant
Chap Stick
Mosquito Repellent

Sunblock
Solar Cain
Jacket
Rain Coat or Poncho
Warm Sleeping bag
Pillow
Extra Blanket
Tent in good condition
Tarp and Rope
Cards and/or hand-held games
Water shoes (must have for tubing)
Flashlight with batteries
Paper/Pen/Stamps
Mitt, bat, softball (optional)
Sharpie for T-shirt signing

PUT YOUR NAME ON EVERYTHING

****

NO TV SETS, NO CELL PHONES

IF YOU PLAN TO BRING A RADIO, IT MUST BE LOCKED IN A SUITCASE

JEWELRY AND OTHER VALUABLES SHOULD NOT BE BROUGHT TO CAMP

WE ARE NOT RESPOMSIBLE FOR BORROWED, LOST OR STOLEN ITEMS

FILL THIS FORM OUT **ONLY** IF THESE EVENTS APPLY:

Check all boxes that apply:

Youth is leaving camp early ☐
(Before July 27th)
****

Someone else is picking Youth up: ☐

Name: _____
****

Youth signing themselves out/driving themselves ☐
****

Youth is riding with another camper ☐

Driver Name: _____

Driver Parent/Guardian: _____
****

Camper: _____

Parent/Guardian: _____

Youth Permission Slip for Tubing

July 2019 F.O.E. Youth Camp

FILL OUT THIS SECTION IF YOUR CHILD IS 13 OR OLDER ONLY

I/We give permission for my/our child to participate in an off-campground event during the 2019 Eagles Youth Camp. I am aware that my child must be thirteen (13) years old by July 24, 2019 to participate in the tubing excursion planned for this year's camp.

SHOES MUST BE WORN IN THE RIVER!!

PLEASE SEND STRONG SUN BLOCK AND SOLAR CAIN!

Child's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Michigan State Youth Camp
Youth/Adult Health History Form

To be completed annually by parent/guardian or adult participant. This form is confidential and to be kept with the individual's records. This information is requested on an annual basis so we can best take care of you/your youth and ensure safety. Please print. Attach a copy of your current medical insurance card.

Participant Information:

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Information:

He/She is under the custodial care of:

❑ Both Parents ❑ Mother/Guardian only ❑ Father/Guardian only ❑ Other(specify) _____

Parent/Guardian Name: _____

Address (if different than youth) _____

Phone (day) _____ Phone (evening) _____ Cell # (____) _____

Email: _____

Parent/Guardian Name: _____

Address (if different than youth) _____

Phone (day) _____ Phone (evening) _____ Cell # (____) _____

Email: _____

Emergency Contact Information:

In the event that I cannot be reached in an emergency, the following are authorized to act in my behalf:

Name: _____ Relationship to Participant: _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____ Cell # (____) _____

Name: _____ Relationship to Participant: _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____ Cell # (____) _____

Health Care Information:

Physician's Name: _____ Phone # _____ Last Exam Date: _____

Address _____ City _____ State _____ Zip _____

Do you carry family medical/hospital insurance? ❑ Yes ❑ No If yes, please complete the following information.

Insurance Company: _____ Policy/Group # _____

Through (employer) _____ Insured Name (parent) _____

Allergies: Check those that apply, specify what reaction to look for and what treatment is recommended.

❑ Penicillin /Other Medications _____

❑ Food Allergies _____

❑ Bee/wasp/insect bites _____

❑ Plants (poison ivy, etc) _____

❑ Animals (dogs, horses, etc) _____

❑ Other _____

Immunization Status (Indicate Date): o Tetanus _____ o Hepatitis B _____ o TB _____

Please list any medications taken on a regular basis: _____

_____

_____

Additional health conditions or limitations we should be aware of: _____

_____

_____

Consent and Permission to Treat

In the event that reasonable attempts to contact me, or my designated emergency contacts, in an emergency have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary. This health history is complete and accurate. I know of no reason(s), other than information indicated on this form, why this individual should not participate in prescribed activities except where noted.

Signature of parent/guardian: _____ Date: _____