



Dear Youth Advisor and Parents:

It's nearly time for the annual State Youth Camp. This year it will be held JULY 12 through JULY 18, 2020.

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, 2020.**

Adults to bring their trailers and tents.

All **camp counselors** please try to be at camp **Sunday, July 12, 2020 at 11:00 a.m.** for a brief meeting and to help set up camp.

Check-in time for campers will be Sunday, July 12, 2020, 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 18, 2020 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.

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

Thank you.

Annette Ferris, Auxiliary State Youth Chairman

ADULT COUNSELORS AND C.I.T. CAMP RULES

(REMEMBER CAMP MEETING JULY 12, AT 11:00 A.M.)

1. A background check will be done for all adult counselors and C.I.T.s
2. At no time shall an adult physically or verbally abuse a youth. If a youth must be reprimanded for minor infractions, please do so out of earshot of the others youth in the group and take someone with you.
3. If a youth asks to go to the first-aid stations, a counselor will accompany them, and stay with them, unless otherwise determined by the medic.
4. At no time can camp personnel force a youth to participate in any activity they do not wish to participate in. However, the youth **MUST** remain with the group.
5. Youth are permitted to go to the bathroom or get a drink, but they must be accompanied by a counselor.
6. Take attendance at the beginning of each activity and report any absences to camp office.
7. If you're given free time and you need to leave the camp grounds to run any errands, make sure to inform the State Youth Chairman and sign out at the office. Upon returning, be sure to sign back in.
8. Counselors are not to leave their group while on duty, unless in the case of an emergency or by permission of the State Chairman.
9. At no time are the camp personnel to give alcohol, cigarettes, food, drinks or drugs of any kind to any youth.
10. All cars and rooms are to be locked at all time. No youth will be allowed in rooms. No Man's land is off limit to all youth. **NO EXCEPTIONS.**
11. All campers, counselors, and camp personnel are to eat their meals in the pavilion
12. During camp week there will be no alcoholic beverages consumed while working with the youth. Counselors are not to drink alcohol before going on duty.
13. The State Youth Officers and State Chairmen will determine any disciplinary action or punishment.
14. Any questions about camp policy, activities, rules, programming, etc. are to be taken to the State Youth Committee
15. No counselors, except for C.I.T.s, will be under the age of twenty (20).
16. All counselors and C.I.T.s are required to chaperone the dances each evening and are on duty until the youth are in bed and quieted down.
17. Nametags, shirts and shoes are to be worn always.
18. Pop is allowed for adults to drink during the day, but it must be in a non-transparent cup. **NO CANS, NO ALCOHOL.**
19. Camp adults will act with decorum and propriety, or they will be asked to leave.
20. **NO PETS ALLOWED!**

MICHIGN STATE F.O.E YOUTH CAMP
YOUTH RULES AND REGULATIONS
JULY 12 THRU JULY 18, 2020

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. iPods 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 collections 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, **ABSOLUTELY NO CANDY, GUM, OR CARE PACKAGES** 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
ADULT COUNSELOR & C.IT (COUNSELOR IN TRAINING) FORM
CAMP DATES JULY 12 THRU JULY 27 2020**

PLEASE PRINT

CHECK ONE: ADULT () C.I.T. () CHECK ONE: RV () TENT () ROOM ()

AERIE # _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ BIRTHDATE _____

HOME PHONE _____ AGE _____ SEX _____ SHIRT SIZE _____

PLEASE CHECK GROUP YOU PREFER TO WORK WITH:

GROUP 1 (AGES 6&7) ()

GROUP 2 (AGES 8 & 9) ()

GROUP 3 (Ages 10 & 11) ()

GROUP 4 (Ages 12&13) ()

GROUP 5 (AGES 14 & 15) ()

GROUP 6 (AGES 16, 17 & 18) ()

BB'S ()

POOL ()

ARCHERY ()

GAME ROOM ()

CRAFT'S ()

NIGHT SECURITY ()

KITCHEN ()

**NOTE: COUNSELORS AND C.IT.'S MUST CHECK IN FOR CAMP PRIOR TO 11:00AM
SUNDAY, JULY 12, 2020 TO ASSIST IN SETTIN UP CAMP AND ASSISTING YOUTH WITH
THEIR TENTS.**

.....
**I have read the rules and understand that my conduct with the youth and any damages sustained
during State Youth camp shall be my responsibility.**

Signature _____ Date _____

**Mail enrollment & Health forms with camp fee of \$60.00 No later than June 15th. AFTER THE
15th THERE IS A \$10.00 LATE FEE.**

Make checks payable to Michigan State FOE Youth Camp 2020

**Dead line for a full refund of camp fee is June 30th after that time there is a \$10.00 Non-
Refundable fee. No Exceptions.**

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

THIS FORM WILL BE SHREDDED AT THE END OF CAMP OR YOU CAN PICK UP

Application for State Youth Camp Volunteer

ADULT COUNSELORS AND C.I.T.S

July 12, 2020 thru July 18, 2020

To Applicant: We deeply appreciate your interest in the FOE Youth Camp and are sincerely interested in your participation. To guarantee the safety and well being of our Youth, we will be completing background checks on all volunteers. Your help and understanding are appreciated. There shall be no discrimination against any adult volunteers by reason of race, color, creed, sex, age, disability, national origin, citizenship, weight, height, sexual orientation, ethnicity, social economic status or marital status. **PLEASE PRINT PLAINLY IN INK.**

NAME: _____

Please include middle name and previous married or birth names – where apply

HOME ADDRESS: _____

PHONE: Day () _____ Evening () _____

E-MAIL ADDRESS: _____ (optional)

CELL PHONE: _____ (optional)

DATE OF BIRTH: _____ RACE: _____ M _____ F _____

SOCIAL SECURITY NUMBER: _____

CHECK ONE: ADULT _____ C.I.T. _____

I certify that all information provided on this application is true and complete. I understand that falsification or significant omissions of any information may be considered justification for non-acceptance or dismissal if discovered later. I agree to allow the FOE Youth Camp to conduct a background check for my placement as a FOE Youth Camp Volunteer.

Signature: _____

I attest that this applicant is in good standing within this Aerie/Auxiliary and is of good moral character.

AERIE/AUXILIARY PRESIDENT: _____ AERIE: _____

Please Print

SIGNATURE: _____ DATE: _____

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): Tetanus _____ Hepatitis B _____ 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: _____