



Dear Youth Advisor and Parents:

It is nearly time for the annual State Youth Camp! This year it will be held July 14th through July 20th, 2024. The fee this year is \$125 per camper.

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, 2024.**

Check-in time for campers will be Sunday, July 14, 2024 from 3:00 pm to 5:00 pm. NO EARLY CHECK-INS will be accepted. You must provide tents for campers.

Check-out time for campers will be Saturday, July 20th, 2024, at 11:00 am.

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.

All camp counselors please try to be at camp Sunday, July 14th, 2024, at 11:00 am for a brief meeting and to help set up camp. Adults are to bring their own trailers or tents.

We need Kitchen Staff and Counselors.

If you have any questions or concerns, please contact Debbie Betts 313-743-2408 or email boss lady423@yahoo.com

All State and CDC guidelines will be followed during camp.

Thank you.

James Johnson, Aerie State Youth Chairman

Debbie Betts, Auxiliary State Youth Chairman

MICHIGAN STATE F.O.E YOUTH CAMP ENROLLMENT FORM
CAMP DATES: JULY 14TH THRU JULY 20ND, 2024
MICHIGAN EAGLES FAMILY REC CENTER
YOUTH RULES AND REGULATIONS

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 destruction 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 pm. 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 first activity and must be kept at a moderate volume.
9. Nametags are to be always worn in a visible area on the front of your shirt.
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 FOUR (1 TO 4) 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 CAMPER CELL PHONES 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.

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CAMP DATES: JULY 14TH THRU JULY 20th, 2024
MICHIGAN EAGLES FAMILY REC CENTER

Please Print

Childs 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 \$125 no later than 6/15/2024

AFTER THE 17TH THERE IS A \$10 LATE FEE AND WE CANNOT GUARANTEE A CAMP SHIRT!

Mail to:

**Debbie Betts
11086 Cornell
Taylor, MI 48180**

**Deadline for full refund for camp fee is June 17th.
After June 17th there will be a \$10 nonrefundable fee.**

Parents, please make your child aware that in accordance with our principles as Eagles, we will be opening camp with the pledge of allegiance. Wednesday when the meeting is opened the pledge of allegiance will be said, there is also a prayer in the opening ceremony. Saturday the close of camp before breakfast there will be a prayer for safe travels and a good year.

Thank you,
James Johnson, Aerie Youth Advisor
Debbie Betts, Auxiliary Youth Advisor

MICHIGAN STATE F.O.E YOUTH CAMP ENROLLMENT FORM
CAMP DATES: JULY 14TH THRU JULY 20ND, 2024
MICHIGAN EAGLES FAMILY REC CENTER

CHECK IN
Sunday, July 14, 2024
3:00 pm to 5:00 pm

CHECK OUT
July 20th, 2023
11:00 am

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

PUT YOUR NAME ON EVERYTHING!!!!

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

- | | |
|--------------------------------|------------------------------------|
| At least 2 Pairs of Shoes | Sunblock |
| Swimming Towels (2) | Solar Caine/Aloe |
| Shower Towels (At least 3) | Jacket |
| Washcloths | Raincoat or Poncho |
| Soap and Shampoo | Warm Sleeping Bag |
| Toothbrush and Toothpaste | Pillow |
| Socks (10 Pair) | Extra Blanket |
| Underwear (10 Pair) | Tent in Good Condition |
| Shirts (Enough for 6 Days) | Tarp and Rope |
| Shorts | Cards and/or hand-held games |
| Long Pants (Enough for 6 Days) | Water Shoes (Must Have for Tubing) |
| Sweatshirts (4) | Flashlight with Batteries |
| Laundry Bag | Paper/Pen/Stamps |
| Deodorant | Mitt, bat, softball (optional) |
| Chap Stick | Sharpie for T-Shirt Signing |
| Mosquito Repellent | |

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 RESPONSIBLE FOR BORROWED, LOST OR STOLEN ITEMS

MICHIGAN STATE F.O.E YOUTH CAMP ENROLLMENT FORM
CAMP DATES: JULY 14TH THRU JULY 20th, 2024
MICHIGAN EAGLES FAMILY REC CENTER

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

Check all boxes that apply:

Youth is leaving camp early (before July 20th)

Someone else is picking Youth up:

Name: _____

Youth signing themselves out/driving themselves

Youth is riding with another camper

Driver Name:

Driver Parent/Guardian:

Date: _____

Camper: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

MICHIGAN STATE F.O.E YOUTH CAMP ENROLLMENT FORM
CAMP DATES: JULY 14TH THRU JULY 20th, 2024
MICHIGAN EAGLES FAMILY REC CENTER
PERMISSION SLIPS

Youth Permission Slip for Tubing

FILL OUT THIS SECTION IF YOUR CHILD IS THIRTEEN (13) OR OLDER, ONLY

I/We give permission for my/our child to participate in an off-campground event during the 2024 Eagles Youth Camp. I am aware that my child must be thirteen (13) years old by July 17th, 2024, 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 SOLARCAIN/ALOE!!

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

- () I **DO NOT** give permission for any pictures to be taken of my child to be used for camp promotions and on the State Youth website
- () I **DO** give permission for my child to be transported across the road to the shower facility and for hayride

MICHIGAN STATE F.O.E YOUTH CAMP ENROLLMENT FORM

CAMP DATES: JULY 14TH THRU JULY 20TH, 2024

Youth Health History Form, Page 1

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 Phone: _____

Email: _____

Parent/Guardian Name: _____

Address (if different than youth): _____

Phone (day): _____ Phone (evening): _____ Cell Phone: _____

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 (if different than youth): _____

Phone (day): _____ Phone (evening): _____ Cell Phone: _____

Email: _____

Name: _____ Relationship to Participant: _____

Address (if different than youth): _____

Phone (day): _____ Phone (evening): _____ Cell Phone: _____

Email: _____

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): _____

MICHIGAN STATE F.O.E YOUTH CAMP ENROLLMENT FORM
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Youth Health History Form, Page 2

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 the information indicated on this form, why this individual should not participate in prescribed activities except where noted.

Signature of parent/guardian: _____ Date: _____