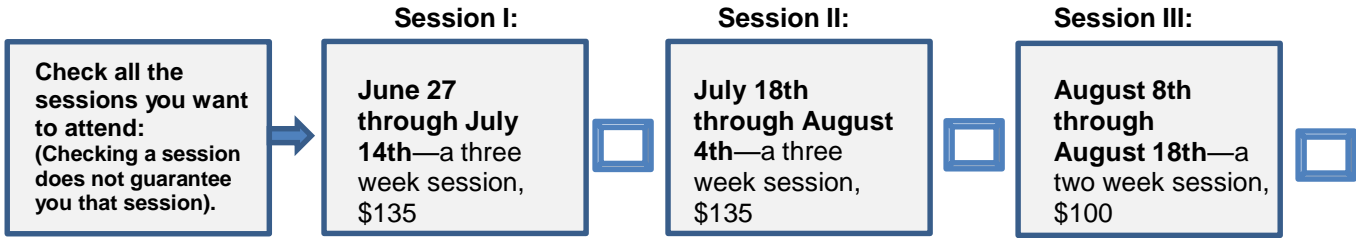


2016 Pioneer Trail Day Camp Registration Form

Attention Parents/Guardians: Even if your son/daughter is a *returning* camper this year, you must **completely** fill out **all** pages of this form, **INCLUDING** the teacher information form on page 7. All **NEW** campers must fill out **ALL PAGES** completely, without exception! Mail this registration form or drop off at: 601 Terrace St. Suite 100 Muskegon, MI 49440. Forms must be in by **Friday, May 27th**. Call Christine at 231-773-5355 ext. 1245 with any questions.

ALL CAMPERS: Campers must report in Muskegon for health screening on *first day of camp*.



CAMPER CONTACT INFORMATION

				<input type="checkbox"/> Male
Camper's First Name	Middle Name	Last Name	<input type="checkbox"/> Female	
Camper's Address		City	State	Zip Code
Age	Birth date	Home Phone #	Camper's Cell #	School Name

PARENT CONTACT INFORMATION

Parent/Guardian's Name(s)		Email Address		
Parent/Guardian's Address		City	State	Zip
Home Phone	Cell Phone		Work Phone	

If parent/guardian is not available during an emergency, please notify the following two contacts:

#1 Emergency Contact Name	Home Phone	Cell Phone
#2 Emergency Contact Name	Home Phone	Cell Phone

Names of person OTHER THAN PARENT/GUARDIAN to whom your child may be released:

Name	Home Phone	Cell Phone
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2016 Camper Payment Page

The cost of a three (3) week session is \$135. The cost of a two (2) week session is \$100. All camp fees **MUST** be paid before the start of the camp session unless an arrangement has been made with Pioneer Resource's financial office. Please call Christine at 231-773-5355 ext. 1245 to make payment arrangements.

If the whole amount is not paid with this application, a \$35.00 deposit must accompany this application when it is sent to Pioneer Resources to hold a place for your camper.

Payment will be made by:

_____ I have applied for a scholarship from _____ I understand that I must submit the award letter to Pioneer Resources **before** camp starts, or I will be responsible for camp payment.

_____ My child/dependent has an open case with HealthWest. **I have met and requested respite funds from the camper's case manager.** The case manager's name is:

_____ Last Name First Name Phone #

_____ I wish to pay with: VISA Mastercard Check Money Order

If paying by credit card, please contact Christine Bigney at 231-773-5355 ext. 1245. She will take the transaction over the phone for your security.

FOR OFFICE USE ONLY

_____ Paid in Full Cash Check# _____ Charge Money Order

_____ Received \$35.00 Deposit. Cash Check# _____ Charge Money Order

_____ Received scholarship letter from: _____ Date _____

Camper's Name: _____

The parent or legal guardian must provide the health insurance information and sign the following consent agreements if the applicant is under the age of 26.
Health Insurance Information

Health Insurance
Company:

Name of Policy
Holder:

Policy Number:

Doctor's Name:

Doctor's Office
Phone:

The health insurance information is correct and current as far as I know, and the person herein described has permission to engage in all camp activities, except as noted by the attending physician.

I hereby release and discharge Pioneer Trails and Pioneer Resources and any and all parties in interest, from all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not limited to, all liability for damages of every kind, nature or description which may arise from or out of any injury incurred by my child/ward while in attendance at Pioneer Trails Camp.

I hereby give permission to Pioneer Trails Camp, to administer any routine non-surgical medical care; or in the case of a medical emergency, to secure medical treatment and/or injections, anesthesia, or surgery for my child, as considered necessary by the attending physician. In such an instance, I understand that I will be notified as soon as possible.

I grant Pioneer Trails and Pioneer Resources permission to use my name, image, voice, appearance, story, and likeness for stories, programs reports, or advertisements that may be solicited on behalf of Pioneer Trails or Pioneer Resources. I understand I will not be eligible for any compensations related to the production or use of my name, likeness, or story in promotional or advertising materials. This consent may be revoked by me at any time.

Note: All participants must agree to be photographed for emergency identification purposes.

Parent/ Guardian Signature

Date

Campers Name:			
Please note:	We would encourage you to arrange your child's medication schedule so that they do not have to take medicine at camp.		
Please list medications that must be taken during camp hours:			
Medication:		Dosage/Frequency:	
Medication:		Dosage/Frequency:	
Medication:		Dosage/Frequency:	
Chronic or Recurring Illness:			
Known or current infectious diseases:			

(Check and give approximate dates of last occurrence where appropriate)

Condition	No	Yes	Dates	Condition	No	Yes	Dates
<i>Allergies</i>				<i>Hyperactivity</i>			
<i>Aspirin</i>				<i>Incontinence</i>			
<i>Behavior Disorder</i>				<i>Insect Stings</i>			
<i>Bleeding</i>				<i>Ivy poisoning, etc.</i>			
<i>Chicken Pox</i>				<i>Measles</i>			
<i>Clotting</i>				<i>Mumps</i>			
<i>Diabetes</i>				<i>Penicillin</i>			
<i>Ear Infections</i>				<i>Rheumatic Fever</i>			
<i>Fears/Phobias</i>				<i>Seizures</i>			
<i>Food Allergies</i>				<i>Sleepwalking</i>			
<i>German Measles</i>							
<i>Hay Fever</i>				<i>Other Conditions</i>			
<i>Hepatitis A</i>							
<i>Hepatitis B</i>				<i>Other Drugs</i>			

If you answer yes to any of the above please explain below:

Over-the-counter Drugs

Can camper take over-the-counter drugs such as Tylenol or Ibuprophen at the discretion of the Camp Manager/Health Officer? Yes _____ No _____

Immunizations

Are immunizations for Michigan Public Schools up to date? ____ Yes ____ No
 What is the date of the last Tetanus Booster? _____

2016 Pioneer Trails Basic Information Form

If this is the first time your child is attending day camp please help our staff get to know your child and their special needs by providing us with the following confidential information.

CAMPER'S NAME:

Experience

What are your objectives in sending your child to Pioneer Trails?	
If your child has attended a camp before, please comment on his/her experience:	
Other activities or current groups in which your child participates:	

Personal Development

Does your child make friends easily?	Yes	No
What type of personality traits would best describe your child?		
Can your child understand and follow directions?	Yes	No
What level does your child function verbally?	Is not verbal Uses small words	Uses short phrases Uses complete sentences
If your child is nonverbal, how do they express what they need?	Hand gestures Facial gestures	Other:(Please describe)
Describe the most effective way to communicate with your child:		
Please list your child's strengths or talents:		
Does your child ever show violence towards others or themselves?	Yes	No
Please describe in detail how your child handles stressful situations.		
What method to deal with inappropriate behavior works best for your child?		
Please describe any information about your child's home/family life that will help us understand and serve them better		

2016 Daily Living Activities Information: Recommendations/Requests/Restrictions

Please circle "Yes" or "No" when answering each question, and add any extra information when needed.

Camper Name:		
Activities		
Restrictions: Yes No	Swimming/Diving restrictions: Yes No	
Strenuous activity restriction: Yes No	Other:	
Please describe any physical impairments of your child:		
Eating:		
Independent: Yes No	Must be fed: Yes No	Needs some assistance: Yes No
If yes, please explain, in detail, what assistance is needed:		
Special diet: Yes No	If yes, please explain:	
Ambulation		
Walks independently: Yes No	Uses Wheelchair: Yes No	
Walks with Device: Yes No	Pushes own wheelchair: Yes No	
Uses power wheelchair or cart: Yes No	Please list any other devices or aids your child uses:	
Toileting		
Independent: Yes No	Wears Depends: Yes No	
Needs transfer assistance: Yes No	Camper requires a one-person assist: Yes No	
Camper requires a two-person assist: Yes No		
Camper can stand, bear weight and pivot with minimal assistance: Yes No		
Please describe techniques for transferring, lifting or pivoting and other help needed:		
Special Needs and Limitations: (Please describe)		
Seizure Disorder		
Has seizure disorder: Yes No	Wears helmet: Yes No	Date of last Seizure:
Type and Frequency:		
Special care for seizures:		
For Female Campers Only:		
She has menstruated: Yes No	She has knowledgeable regarding menses: Yes No	
Her history is normal: Yes No	Does she need assistance with her supplies? Yes No	
She needs the following assistance:		

2016 Pioneer Trails Teacher Information Form for ALL Campers

Student's Name:	
Teacher's Name:	
School Name:	
School Address:	
School Phone:	
What is the student's primary disability?	
What special education class is the student enrolled in?	
What level is the student functioning at academically?	
What are the student's social activities?	
Please explain teaching and/or management techniques that have been successful with the student:	
Any special health or behavioral considerations? (Please be specific):	
Additional information i.e. fears/pleasures:	

Date

Signature of Teacher