



Youth camps are planned to allow opportunities for all youth to make lasting memories as they experience God in a safe, peace-building community, while enjoying nature, fun, fellowship and friends. Campers develop as disciples through worship, learning, relationships, and adventure.

Community of Christ campgrounds in Michigan are licensed and inspected by the local health department, the fire marshal, and the Department of Environmental Quality (DEQ). The camping programs are licensed and inspected by the Department of Licensing and Regulatory Affairs (LARA). All youth camps are staffed by individuals who are Community of Christ Registered Children & Youth Workers and pass both a state criminal background check and child abuse registry clearance.

**Blue Water Campground** is located at **7291 County Farm Rd, Lexington, MI 48450.**

**Park of the Pines** is located at **4094 Springwater Beach Rd, Boyne City, MI 49712.**

**Sanford Campground** is located at **3500 N West River Rd, Sanford, MI 48657.**

Winnie Johnston, Youth Camp Coordinator, can be reached by e-mail at [winnie@cofchristmi.org](mailto:winnie@cofchristmi.org) or by phone at (231) 340-1849 with any questions about Michigan youth camps.

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### 2020 Summer Youth Camps

Camps sponsored by the Michigan Mission Center for each grade level are listed below. Campers will register by their expected grade in fall 2020. When youth **register by June 1, 2020 there is no fee to attend camp.** After June 1, 2020 restrictions and fees may apply. Space is limited at camps based on the number of beds and licensing restrictions, so please register as soon as possible to reserve a spot.

#### Senior High Camps (Grades 10, 11, 12, Just Graduated)

June 20-26 @ Sanford Campground – Director Ben Crowley – [bencrowley@rocketmail.com](mailto:bencrowley@rocketmail.com)

June 27 – July 3 @ Park of the Pines – Director Jamie Lis – [jamielenig96@hotmail.com](mailto:jamielenig96@hotmail.com)

July 5-11 @ Blue Water Campground – Director Rich Allen – [RichAllen80@hotmail.com](mailto:RichAllen80@hotmail.com)

#### Junior High Camps (Grades 7, 8, 9)

July 12-18 @ Blue Water Campground – Director Shannon Mueller – [shannonforbwjrhighcamp@gmail.com](mailto:shannonforbwjrhighcamp@gmail.com)

July 19-25 @ Park of the Pines – Director Megan Hacker – [megan@moments-photobooth.com](mailto:megan@moments-photobooth.com)

July 19-25 @ Sanford Campground – Director Amber Billman – [07akbill@gmail.com](mailto:07akbill@gmail.com)

#### Junior Camps (Grades 3, 4, 5, 6)

June 21-25 @ Blue Water Campground– Director Alley Lentz – [alentz96@gmail.com](mailto:alentz96@gmail.com)

July 5-9 @ Park of the Pines – Director Falissa Richter – [falissa.richter@yahoo.com](mailto:falissa.richter@yahoo.com)

July 11-15 @ Sanford Campground (Late Junior – Grades 5,6) – Director Lisa Moler - [lisamoler12@gmail.com](mailto:lisamoler12@gmail.com)

July 15-18 @ Sanford Campground (Early Junior – Grades 2,3,4) – Director Lisa Moler - [lisamoler12@gmail.com](mailto:lisamoler12@gmail.com)

*Donations from generous individuals like you are needed to offer camping experiences to all youth without a fee. You can include a check made payable to Community of Christ with registration, bring cash or check to on-site check-in at camp, or visit [www.michiganyouthcamps.org](http://www.michiganyouthcamps.org) to donate online.*

*Your generosity is greatly appreciated!*



**Camp Registration Information**

**Health Information:** In accordance with state law, the Registration Form and the Health History Record included in the registration forms must be completed and on file for all campers. This includes a copy of the camper's insurance card and immunization record. Campers who do not have this documentation cannot be allowed to stay for the camping experience. Please be sure that all health information is complete. If you do not include copies of the insurance care and immunization record when completing the registration form, you must bring a copy to on-site registration. All information is required by the State of Michigan to be on file during camp. All medications sent to camp must be in their original containers with instructions.

**IMPORTANT NOTE:** If your camper requires accommodations such as additional attention, behavior supports, or physical assistance in order to participate fully and be successful at camp, please share this information as early as possible with the camp director. This information is critical to adequately staffing the camp. Thank you for your cooperation! This allows us to provide a quality and safe program for your child. **If the director does not receive information regarding specific needs of a camper, then that camper may not be able to attend camp due to Michigan camp staffing requirements.**

**Late Arrivals:** It is the responsibility of a camper's parent or guardian to make arrangements before the beginning of camp to admit the camper as a late arrival or arrange for an early pick-up. This can be done by e-mail or by telephone with the camp director.

**Part-time Attendance:** Some campers have desired to attend camp and to work a job, participate in school athletics or to take academic courses such as summer school or driver's education. The camper needs to contact the camp director BEFORE camp to explain the specific situation. The camp director will decide whether part time attendance at camp will be allowed.

**Donations:** Youth camps are funded by the generosity of donors like you! Please consider giving as much as you are able to support youth camp ministries. It costs about \$50 per child for each day of camp to provide housing, meals, activities, staff, and other needed supplies. Thus it costs about \$300 for senior and junior high campers and about \$200 for junior campers. You can include a check made payable to Community of Christ with registration, bring cash or check to on-site check-in at camp, or visit [www.michiganyouthcamps.org](http://www.michiganyouthcamps.org) to donate online. Your generosity is greatly appreciated!

Mail all registration forms to:  
**Park of the Pines**  
**Attn: Youth Camps**  
**4094 Springwater Beach Rd**  
**Boyne City, MI 49712**

Mail donations to:  
**Jessica Montague**  
**1322 Pinehurst Ave**  
**Flint, MI 48507**

Registration can be completed by mail or online at [www.michiganyouthcamps.org](http://www.michiganyouthcamps.org)



**Camper Information**

Please circle the camp your child will be attending:

*Senior High*

*Junior High*

*Junior*

@ Park of the Pines

@ Blue Water

@ Sanford (Late Junior)

@ Blue Water

@ Park of the Pines

@ Sanford (Early Junior)

@ Sanford

@ Sanford

@ Park of the Pines

@ Blue Water

Camper's Name: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade in Fall 2020: \_\_\_\_\_ Gender: \_\_\_\_\_

Is the camper a member or participant in a Community of Christ Congregation?  Yes  No

If Yes, which congregation: \_\_\_\_\_

Has the camper ever attended a Community of Christ Youth Camp in the past?  Yes  No

How did you learn about camps?  Website  Facebook  E-Mail  Poster  Friend/Family  Congregation

**Parent/Guardian Information**

Name: \_\_\_\_\_

Same Address as Camper

If Different, Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work/Emergency Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**For Camp Staff Use:**

Parent/Guardian Sign Out: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Medication Sign Out: \_\_\_\_\_



**Photo/Video Release**

I hereby give consent to and authorize the taking of photographs or videotape in which my child, the camper named above, may appear and circulate same for any and all official resource, use or purpose including print, film or electronic reproduction of every description. I hereby waive all right of privacy in and to any said pictures or tapes by signing my name below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Images of my child may not be released or distributed.

**Medical Emergency Care Authorization**

Michigan Department of Licensing and Regulatory Affairs

**Notice:** By signing below you are granting the operator of the camp organization authority to secure emergency medical, surgical treatment for your camper while attending camp if there is insufficient time to contact you.

You are giving the camp operator permission to secure routine, nonsurgical medical care for your child while attending camp.

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules for licensing children’s camps, this authorization must be signed by a parent or guardian unless there is religious objection.

MCLA 722.124a, Section 14a(2) states: “A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with authority to consent to emergency medical and surgical treatment of the child. The parent or guardian shall consent to routine, nonsurgical medical care.”

\_\_\_\_\_  
*Parent/Guardian Printed Name*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Adults Authorized to Release Camper:** A camper may only be released to an adult who is authorized by the parent/guardian. Please list any additional adults who are authorized to sign for release of the camper either due to emergency or at the end of camp.

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_



**Camper’s Health History & Medical Information**

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Person Insured: \_\_\_\_\_

**\*Please attach a copy of the insurance card\***

Camper’s Doctor: \_\_\_\_\_

Doctor’s Phone: \_\_\_\_\_

**Emergency Contact Person:** Please provide contact information for an adult different from the parent/guardian completing this registration who may be contacted in the event of an emergency.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Please describe any food allergies, dietary restrictions, or other eating habits: \_\_\_\_\_

\_\_\_\_\_

Please describe any behavioral or emotional needs (IEP, 504, behavior plans, ADHD/ADD, autism spectrum, sensory issues, eating disorders, PTSD, or recent/lasting traumas): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe any ongoing health conditions or infectious diseases (bed wetting, sleeping disorders, physical limitations, skin conditions, asthma, hearing or vision impairments, diabetes, or others):

\_\_\_\_\_

\_\_\_\_\_

Please list the name, dosage, frequency, and condition treated for each medication being sent to camp:  
*All medications sent to camp need to be in the original container with instructions.*

\_\_\_\_\_

\_\_\_\_\_

Please list any medication allergies: \_\_\_\_\_

**\*Please attach a copy of the camper’s immunization record\***