



**The Salvation Army**  
Little Pine Island Camp

**CAMP APPLICATION**  
**2014**

**Please indicate below which camps your child will register for this year:**

Community Youth 1 June 10 - 13		Girl Guard/Ranger June 16 - 21		Community Teen June 23 - 28		Sunbeam/Explorer June 30 - July 3	
Community Youth 2 July 7 - 10		Music July 12 - 19		Jr. Soldier July 21 - 24		High Adventure July 21 - 24	

**CAMPER INFORMATION**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ \*Shirt Size: \_\_\_\_\_ Corps/Church: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Please, specify whether child needs a youth or an adult size shirt. (Examples: YS = Youth Small and AS = Adult Small)

**PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Address(if different from above) \_\_\_\_\_  
 Daytime phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

**IF PERSON ABOVE CAN'T BE CONTACTED, PLEASE CALL:** (Must be someone who is available throughout the encampment):

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
 Daytime phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

**HEALTH HISTORY (Check – giving appropriate dates of last incident)**

Bleeding/Clotting Disorder _____	Heart Defect/Disease _____	<b>ALLERGIES</b>	
Convulsions/Epilepsy _____	Hypertension _____	Asthma _____	<i>If yes, does camper carry medication?</i> _____
Heat/Sun-Related Problems _____	Mononucleosis _____	Hay Fever _____	Poison Ivy, etc. _____
Frequent Ear Infections _____	Diabetes. _____	Insect Stings _____	Insect Repellent _____
ADD/ADHD _____	<i>If yes, is camper currently taking medication?</i> _____	Other: _____	

Does this child have any known allergies to drugs of any kind (prescription or over-the-counter)?  No  Yes  
 If yes, please list the medicine(s) to which the child is allergic.

**PAST/CURRENT TREATMENTS**

Operations/Serious Injuries?  No  Yes  
 Disability/Chronic/Recurring Illness?  No  Yes  
 Current Infectious Diseases?  No  Yes  
 Dietary Modifications/Food Allergies  No  Yes  
 Any Current Non-prescription Drugs?  No  Yes  
 Any Current Prescription Medications?  No  Yes

If yes, please describe below, including dates. List any resulting physical limitations, etc.

(All drugs and medications **must be** in original containers with doctor's dosage instructions.)

Other diseases or details of above: \_\_\_\_\_

Severity of allergy?  
 \_\_\_\_\_  No  Yes  
 \_\_\_\_\_  No  Yes  
 \_\_\_\_\_  No  Yes

(FEMALE) Has this person menstruated?  No  Yes  
 Check One  No  Yes  
 If no, has she been told about it?  No  Yes  
 Check One  No  Yes  
 If yes, is her menstrual history normal?  No  Yes  
 Check One  No  Yes

## HEALTH HISTORY CONTINUED

Are there any specific activities to be encouraged or limited, physical limitations or adaptations needed to assist the camper, behavioral management or special health-related considerations for which camp personnel or health officer should be aware?  
Please consider potentially hazardous conditions of an outdoor environment and exposure to sunshine, heat, foliage, insects etc.

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## PHYSICIAN INFORMATION

Name of dentist/orthodontist: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Name of family physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Date of last physical examination: \_\_\_\_\_

**A COPY OF THE CAMPER'S HEALTH INSURANCE or MEDICAID CARD MUST BE ATTACHED**

## IMMUNIZATION HISTORY

**A COPY OF THE IMMUNIZATION RECORD MUST BE ATTACHED TO THIS FORM.**

## OTHER INFORMATION

### 2014 SUMMER CAMP PERMISSION SLIP (PLEASE CHECK YOUR PREFERENCE)

I understand that camp activities may include short trips off camp grounds conducted off the camp grounds with adult supervision. Therefore, I  **do** or  **do not** give permission for my child to participate in Salvation Army activities conducted off camp grounds.

### CAMPER RELEASE POLICY

It is our intent that children attending camp do so for the entire camping session. There are, however, emergency situations when campers must leave early. In those cases, campers will be released to the representative of the sponsoring agency bringing the child to camp or a legal parent/guardian whose signature appears on the camper's registration form. **Campers WILL NOT be released to any other person** without written consent signed by the legal parent/guardian and prior notification of the camp office, (616) 784-1404. Thank you for your cooperation in this policy. It is intended for your child's safety.

### INFORMED CONSENT POLICY

We are concerned with your child's safety and well being. Camp activities involve risk. It is often that risk which helps a child grow in confidence and expand their experience. Camp policy requires a parent/guardian's approval to allow their child's participation in "high adventure" activities. This policy applies only to high risk activities. Other inherent risks exist in the camp experience and environment and are not addressed in this policy. **Not all activities are available at every camp.** High Adventure activities may include: Archery, Team Challenge, Low and High Challenge Course, Swimming, Boating, Fishing, Woodworking, Riflery, Bicycling, Outdoor Living Skills ( i.e. fire building & outdoor cooking), Hiking/Backpacking and Tenting. Please, list any activities you prohibit your child from experiencing:

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### PUBLICATION RELEASE

- GRANTED** Release for use of photos  
*I understand that photographic images of my child may be used for programming or publication.*
- DENIED** Release for use of photos **PHOTO ATTACHED**  
*I am attaching a current photo to the application as a means of identifying my child in photos.*

## PARENT/GUARDIAN AUTHORIZATION

This health history is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted. I have reviewed and consent to the Camper Release Policy and the camper Code of Conduct. **Parents will be notified immediately of any camper injury or illness requiring off-site treatment, an overnight stay in the health station, or removal from camp activities for more than a 4 hour period. (Check one of the following boxes)**

- I give permission to The Salvation Army Little Pine Island Camp, which is licensed by the State of Michigan, to secure emergency medical and surgical treatment (including, but not limited to, x-rays, routine tests, injections, and anesthesia) and hospitalization for this child if there is insufficient time to contact me. I further authorize routine, non-surgical medical care (including dispensing of non-prescription drugs for illness, injury treatment, insect bites, & repellent, sunscreen, etc.) at the discretion of the camp health officer or other first aid certified staff.
- I do **not** give permission to The Salvation Army Little Pine Island Camp, to secure emergency medical and surgical treatment for this child due to my religious objection. If there is a religious objection, the authorized person must submit a written statement to the effect that the camper is in good health and that the person signing assumes the health responsibility for the camper.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_  
PARENT/GUARDIAN'S NAME (printed): \_\_\_\_\_ Date: \_\_\_\_\_

## CODE OF CONDUCT & DRESS CODE

**I AGREE to abide by the following code of conduct and rules instituted for the benefit and safe participation of all campers and staff:**

1. To dress appropriately for recreational purposes, wearing clothing and/or equipment deemed appropriate and necessary by the camp (see Dress Code). Modest one-piece bathing suits must be worn while swimming. Bikini, thong, French-cut or similar low cut back or high leg styles and t-shirts are not permitted.
2. To respect the rights, privacy and property of others by not stealing, fighting, lying, cheating etc.
3. To leave cell phones and similar electronic devices at home, or in the safe possession of the camp upon arrival and use any personal music players only with the permission of camp staff.
4. To respect the property and facilities of the camp, The Salvation Army, and adjoining properties.
5. To participate in all scheduled programs, activities and meals, and to abide by the curfew established by the camp in a courteous, respectful and prompt manner. For high risk activities, attend only those approved for me.
6. Not to possess or use any alcohol, tobacco or non-prescription drugs during camp, nor to bring flammable or explosive materials, poison, weapons or pets to camp. (All medications must be turned in to the Health Officer at registration.)
7. To take responsibility and care for my personal property.
8. To respectfully cooperate with camp staff, other campers, and visitors of Little Pine Island Camp.
9. To abide by all local, state and federal laws.
10. To obey all rules of Little Pine Island Camp and to comply with all routine and emergency instructions of the camp staff.
11. To attend and be respectful of all worship services at camp.
12. To stay on camp grounds throughout the camping session.
13. To only enter the cabin to which I am assigned. Girls and boys are not allowed in opposite sex cabins. **Failure to comply will warrant immediate dismissal from camp.**
14. As is the policy in public schools, pulling a fire alarm or prank calling 9-1-1 **will result in immediate dismissal, and may result in criminal charges and/or require compensation for physical damage to property.**

**Orientation with camper and parent/guardian must be completed prior to camp.** Review entire Application Form and the camper information section of the camp brief.

**The Code of Conduct and Dress Code have been discussed with me. I understand them and agree to abide by them.**

**Camper Signature:** \_\_\_\_\_

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



## 2014 SUMMER FOOD SERVICE PROGRAM FREE MEALS FAMILY APPLICATION

**Part 1 -** If the child you are applying for is homeless, migrant or a runaway, check the appropriate category and verify with the district/school Homeless Liaison or Migrant coordinator at \_\_\_\_\_  
 Homeless \_\_\_\_\_ Migrant \_\_\_\_\_ Runaway \_\_\_\_\_  
 List the Child's Name, Grade, and Building in Part 3.

**Part 2 -** If any member of your household received Food Assistance Program (FAP), Family Independence Program (FIP), or FDIPIR, provide the name and case number for the person who receives benefits.  
 Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Bridge Card Numbers and Medicaid Numbers are NOT ACCEPTABLE case numbers  
 If a case number is provided only students need to be listed in Part 3.

**Part 3 - Household Names -** List below all people living in your household, students and non-students, foster children, related or unrelated. For example, grandparents, other relatives, and/or friends, including yourself and children who live with you, must be listed.

Names	Circle Yes if Foster Child	Grade (if applicable)	Session #/Name or Site Name (if applicable)	Earnings from Work (before any deductions and taxes)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income	
				weekly twice a month	every 2 weeks monthly	weekly twice a month	every 2 weeks monthly	weekly twice a month	every 2 weeks monthly	weekly twice a month	every 2 weeks monthly
Example: Jane Doe	Yes			\$600				\$250			
1	Yes										
2	Yes										
3	Yes										
4	Yes										
5	Yes										
6	Yes										
7	Yes										
8	Yes										

**Part 5 - Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date.)**  
 If Part 4 is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security Number or check the "I do not have a social security number box". See Privacy Act Statement on the back of this page.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the sponsor will get federal funds based on the information I give. I understand that sponsor officials may verify (check) the information. I understand that if I purposefully give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last Four (4) Digits of Adult Social Security Number: XXX-XX-\_\_\_\_\_  
 I do not have a Social Security Number

<i>Home/Cell Phone Address</i>	<i>City</i>	<i>Zip Code</i>	<i>County</i>
<i>Home/Cell Phone</i>	<i>Email Address</i>		

By providing your email address you may be notified via email of your eligibility for free and reduced price school meals.

**Part 6 - Child's Racial/Ethnic Identity (optional)**

**Check One or More Racial Identities:**

American Indian or Alaskan Native  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 Asian  
 White  
 Other

**Check One Ethnic Identity:**

Hispanic or Latino  
 Neither Hispanic or Latino

**Privacy Act Information: Social Security Number**

The Richard B. Russell School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four (4) digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child, list a FAP or FIP case number or other FDP/IR identifier for your child, or indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:** *This explains what to do if you believe you have been treated unfairly.*

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**APPROVAL/DISAPPROVAL - For Sponsor Use Only**

**Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12**

Household Size: \_\_\_\_\_  
Total Gross Income: \$ \_\_\_\_\_  
\_\_\_\_ Weekly  
\_\_\_\_ Every 2 Weeks  
\_\_\_\_ Twice a Month  
\_\_\_\_ Monthly  
\_\_\_\_ Annual

\_\_\_\_ Categorical Eligibility  
**Eligibility:**  
\_\_\_\_ Number of Children Eligible  
\_\_\_\_ Number of Non-eligible Children

Reason for Denial:  
\_\_\_\_ Income Too High  
\_\_\_\_ Incomplete Application  
\_\_\_\_ Other (specify) \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date Dropped/Withdrawn: \_\_\_\_\_