Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

Welcome to Camp Starlight! We are happy that you have chosen Camp Starlight for your child's summer camp experience. Please read the following information carefully and make sure to mail all forms to the <u>Michigan Dyslexia Institute</u>. Incomplete registrations will *not* be processed.

What you can expect for your child at Camp Starlight:

- A safe, inviting and open community atmosphere for all campers.
- Highly trained and qualified staff dedicated to being professional positive role models working with your children.
- Skills to build confidence and increase their ability to self-advocate.
- Help help foster friendships between your child and other campers.
- Highly engaging and informative interactive activities that expand their understanding and acceptance of being dyslexic.
- Traditional camp programs such as swimming, arts and crafts, campfires, rock climbing, cookouts, canoeing, fishing, hiking, archery, horseback riding and more!

The following forms need to be completed:

- Registration Form
- Health History Form
- Behavioral Policies Form
- Camper Release Form
- Participant Waiver Form
- Camper Pick Up Form
- USDA Form

Please mail all completed forms to:

Michigan Dyslexia Institute 532 E. Shiawassee Street Lansing, MI 48912

OR - E-mail to: info@lansing.dyslexia.net

If you need help filling out any of the registration, or have questions, please contact our office.

517-485-4000 info@lansing.dyslexia.net

Please continue to the next page

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

Registration Form

Child's Name: _	
	City:
	Code: Phone:
E-mail Address:	
	Age at the time of camp:Grade in September, 2018:
T-Shirt Size (bas	ed on adult sizes):
ls your child cur	rently receiving instruction from the Michigan Dyslexia Institute?
Yes _ No _	If yes, which center?
Has he or she re	ceived instruction from MDI in the past?
Yes No	If yes, which center?
Will sibling or fr	riend be attending?
Yes No	If yes, name of camper?

Please answer the following questions about your child to help the Camp Director and the counselors provide your child with the best camp experience possible. This information will be kept *confidential* between the cabin counselors and the camp director.

1. Has your child been tested for dyslexia? Does your child have either Attention Deficit Hyperactive Disorder (ADHD) or Attention Deficit Disorder (ADD)?

Please continue to the next page

Camp Starlight 2020 Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

2.	How well does your child understand what dyslexia is? What are his/her strengths and limitations?
3.	Has your child had camping experience or will this be your child's first experience at camp?
4.	Please describe any serious health or emotional issues your child may have that counselors should be aware of.
5.	Where did you learn about Camp Starlight?

Please continue to the next page

Session Dat

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Camp Starlight 2020

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp HEALTH HISTORY FORM

This should be filled in by parents/guardian of minors	Dates Attending			
Name	Birth Date			
Age Home Addre	ss			
City		State	Zip	
Gender: Male Female				
Custodial Parent/Guardian				
Phone Home Address	(if different from above)			
City		State	Zip	
Business Address	Phone			
City		State	Zip	
Second parent or guardian or emergency contact				
Name	Phone			_
Address	City			State
Zip				
If not available in an emergency notify:				
Name	Relationship			
Phone Address				
Phone Address Zip State Zip Insurance Information: (Please provide a copy of your in Is the participant covered by family medical/hospital insur	surance card)			
City State Zip Insurance Information: (Please provide a copy of your in	surance card) rance? Yes No			
City State Zip Insurance Information: (Please provide a copy of your in Is the participant covered by family medical/hospital insur If so, indicate carrier or plan name Address Address	surance card) rance? Yes No Group) #		
City State Zip Insurance Information: (Please provide a copy of your in Is the participant covered by family medical/hospital insur If so, indicate carrier or plan name Address Name of Insured Address Name of Insured State Zip Address Name of Insured State Zip Zip Name State Zip	surance card) rance? Yes No Group Relationship to Part) #		
City State Zip Insurance Information: (Please provide a copy of your in Is the participant covered by family medical/hospital insur If so, indicate carrier or plan name Address Address	surance card) rance? Yes No Group Relationship to Part) #		
City State Zip Insurance Information: (Please provide a copy of your in Is the participant covered by family medical/hospital insur If so, indicate carrier or plan name Carrier Address Name of Insured Policy Holder Insurance ID Number	surance card) rance? Yes No Group Relationship to Part	o # icipant		
Insurance Information: (Please provide a copy of your in Is the participant covered by family medical/hospital insuruable If so, indicate carrier or plan name Carrier Address	surance card) rance? Yes No Group Relationship to Part ust be complete for a ry Care: I hereby give perment to order x-rays, routine to order x-rays, routine to order x-rays and I hereby give permission to the camper Behavior Position to the camp	ttendan mission to t tests, treatr ted transports to the physical	the medica ment; to re ortation for sician select ation, for the	al personnel elease any or me/or my tted by the camp the person 8 of the Mystic
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The following information must be filled in by the parent/guardian. The intent of this information is to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival to camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES-LIST AL	L KNOWN:	DESCRIBE REACTION AND MANAGEMENT OF REACTION:
Medication allergies (list)		
Food allergies (list)		
Other allergies (list)		
MEDICATIONS BEIN	IG TAKEN	
This person takes NO I	medications on a routine	basis.
☐ This person takes medi		······································
		Specific times taken each day
:		Specific times taken each day
:		Specific times taken each day
Attach additional pages for Identify any medications		ear that participant may not take during the summer:
DIETADV DESTDICTION	IS THE EOLI OWING	RESTRICTIONS APPLY TO THIS INDIVIDUAL:
Does not eat red meat	Does not eat por	
☐ Does not eat poultry ☐ Other (describe)	Does not eat sea	

	NERAL QUESTIONS (I		ES"	ANSWE	RS BELO	W.)			Yes	No
	Had any recent injury, illness or infectious disease?	0		17.	Ever had prob (e.g., knees, a		joints			
	Have a chronic or recurring illnes Ever been hospitalized?	s?	0	18.	Have an orth	odontic ap	pliance			0
4.	Ever had surgery? Have frequent headaches?	0	0 0		Have any skir Have diabete		?			0
7.	Ever had a head injury? Ever been knocked unconscious?	0	0		Have asthma:		ne past			0
	Wear eyeglasses, contacts or protective eye wear?			23.	12 months? Had problem					0
9. 10.	Ever had frequent ear infections? Ever passed out during or after exercise?	0			diarrhea/cons Have probler If female, hav	ns with slee	-			0
11.	Ever been dizzy during or after exercise?	0	0		menstrual histor	tory?				0
12. 13.	Ever had seizures? Ever had chest pain during or afte exercise?	er O	0		Ever had an e Ever had em for which p	ating disor otional or	der? mental diff		0	0
	Ever had high blood pressure? Ever been diagnosed with a hearmurmur?		0	30.	If female, has If no, have your chi	she had he ou discussed	r first peric I with her?	od?	000	000
16.	Ever had any back problems?	0		51.	the last year? Date it Broke	If yes, wl	-		U	U
Whichas t	e explain any "yes" answers, no	Please give all Vaccine Dates	date		ization for:		Mo/Yr	Mo/Yr	Mo	o/Yr
CI	nicken Pox erman measles	TD (tetanus/diphth	neria)					-		
<u></u> м	umps epatitis	Polio MMR or Measles				-				
Date	antoux Test of last test t:	or Mumps or Rubella Haemophilus infi Hepatitus B Varicella (chicken		a B		- - - - ———	-			

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•	vide any additional informa ions the camp should be av	ation about campers behavior, physical, emotional, or ware of.
Before your child co	omes to camp, please take	e a moment to check him/her for head lice. This parasite is can easily be
pread to other chil	dren and can pose a real _ا	problem at camp.
Name of family phys	ician	Phone
Address		Name of family dentist/orthodontist
'hone	Address	Date of last physical
My child is physically If "no," please expla	y and emotionally able to pin activity restrictions:	participate in all camp activities without limitation: Yes No
SPECIAL NEED	S	
		advice can you provide us with in handling your child's special needs?
•	·	
-		
PARENTAL TIP What method of wor		he best results from you at home?
What should the cam	np counselor know about y	our child in working with him/her this summer?
AUTHORIZATI	ON TO RELEASE	
Names of persons oth	her than parent to whom c	hild may be released:
		3
		4
ignature of parent o	r guardian	Date
I hereby give my perr		np for my child to be transported in a vehicle and/or participate in field trips or emergency room for care.
	· ·	Date
Garage C. Parcint O	· · · · · · · · · · · · · · · · · · ·	

MYSTIC LAKE YMCA CAMP STORE ACCOUNT FORM Participant Name: Session(s): The Mystic Lake Camp Store is open to your camper at various times during the camp session. The store contains items such as: t-shirts, hoodies and sweatpants, water bottles, snacks, and souvenirs. To avoid problems, all money is kept in the campers' store accounts during their stay at Mystic Lake Camp. As your child purchases items, the amount is deducted from the total. We suggest depositing at least \$40 for each week your child is at camp. **COMMONLY PURCHASED ITEMS:** Camp T-shirt: \$12 Camp Sweatshirt: \$35 Water Bottle: \$12 Snacks/Beverages: \$1-\$2 Zip-Up sweatshirts: \$40 Drinks: \$1 or \$2 STORE ACCOUNT SETUP I would like to deposit \$______ into my camper's store account. Payment Options (Please select one): □ I would like to pay with a credit card (**preferred option**). Credit cards will be charged at the end of your camper's session and will only be charged the amount he or she has spent, up to the amount designated. ☐ I would like to use the same card on file, which I have made a previous payment to at the YMCA. Branch of YMCA: _____ ______ Card Type: ______ Card #: ______ Expiration Date: ______ 3 digits on back: ______ I would like to use a different credit card. Please have the store manager call me before my camper's session at the following number:_____ I have enclosed a check CK#_____ Parent Signature: ☐ If there is a remaining balance at the conclusion of my child's stay at Mystic Lake Camp, I would like it to be donated to the Mystic Lake YMCA Camp Annual Giving Campaign.

Please Note: Payment for the Camp Store at YMCA Mystic Lake is separate from the payment for Camp Starlight.

DO NOT include Camp Store money with Camp Starlight registration fee.

☐ My child will be returning to camp later this year, and I would like to transfer any remaining funds in their store account

Parent Signature:

I would like any remaining balance to be refunded to the following address:

Name on check: _____

Street Address: _______City, State, Zip:

to the next session.

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

Camp Starlight Participant Waiver

Check Yes or No for Each Statement

Camper's Name:

yes no I certify that the my child is capable of such an experience. I agree to pay the balance of the camp fees 15 days prior to the start of the session (Mystic Lake YMCA Camp cannot hold reservations past that date without full payment). Camp fees are non-refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of homesickness or for disruptive behavior as determined by the camp director. The deposit is non-refundable.
yes no I grant permission for my child to participate in all planned camp activities, including but not limited to: horseback riding, canoeing, archery, riflery, fishing, out of camp trips by van or bus, participation in the high ropes course, climbing tower, giant swing, tree climbing, low ropes course, and aquatic activities. I understand that all activities will be supervised by trained/certified staff and lifeguards, and the required safety equipment in specific activity areas will be utilized and mandatory. Please list any activities that your child cannot participate in:
yes no I also authorize the YMCA and Michigan Dyslexia Institute to have and to use photographs, slides, of the person named in this application as may be needed for its public relations programs (such as, but not limited to, Facebook Page, Website, Brochure, Etc).
yes no I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after carefully reading it, of my own free will.
The YMCA and MDI is not responsible for lost or stolen items.
In consideration of my child participating as a camper of Camp Starlight at the YMCA Mystic Lake Camp, I, the undersigned agree to to the following release on behalf of my minor child, myself, our heirs, representatives, executors, administrators, and assigns, I HEREBY DO RELEASE the YMCA of Lansing and Michigan Dyslexia Institute, its officers, agents, and employees, from any cause of action, claim, or demand of any nature whatsoever, including but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future, against the YMCA of Lansing on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the camp program whether that use is supervised or unsupervised, however the injury or damage is caused, including, but not limited to the negligence of the YMCA of Lansing and Michigan Dyslexia Institute, its officers, agents, and employees.
Parent Signature
Date
Date

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

Behavioral Policies Form

Parents, please read this with your child before signing it and be sure to have

	your child sign as well.	
Camper Name		Dates

We agree that all campers will enjoy and benefit from Michigan Dyslexia Institute and YMCA's Mystic Lake Camp annual summer program if all campers follow certain basic rules. We understand the following behaviors that are not allowed and that these offenses will in the camper being sent home:

- Leaving the camp without permission.
- Having or using smoking materials, lighters, matches, illegal drugs or alcohol on camp grounds.
- Use of profane language.
- Biting, spitting, hitting other campers or staff.
- Physical or emotional abuse of another camper.

We understand engaging in any of the behaviors listed below could result in discipline that includes timeouts, loss of camp store privileges, swim and/or sports time privileges, being sent home or not being allowed back next year.

- Being at, or in the lake, at times other than scheduled times for activities.
- Provoking fights or fighting.
- Threatening others.
- Forcing others to do something they don't want to do.
- Leaving the cabin at night.
- Stealing.
- Lying to camp staff about matters that are necessary for staff to know, in order to protect the camper's rights and welfare.
- Deliberately damaging property.
- Using the phone without permission.
- Bullying.
- Failing to respect camp rules and staff.

We have read the above Behavioral Policies and understand the consequences if any of these policies are not followed.

Parent's Signature	Date	Camper's Signature	Date
7 F Shiawassoo Stroot			

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp Camper Pick-Up & Release Information

RELEASE (Complete when camper is picked up)
To pick up the camper(s) your name must appear on the Authorization list to the left! Photo ID required at time of pick-up.
Your Signature (sign at pickup)
Date of Pickup
our camper's pickup call: 517.485.4000
arlight 2020 & YMCA's Mystic Lake Camp & Release Information
RELEASE (Complete when camper is picked up)
To pick up the camper(s) your name must appear on the Authorization list to the left! Photo ID required at time of pick-up.
Your Signature (sign at pickup)
Date of Pickup

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp Payment Form

<u>Total Cost of Camp Starlight</u>: \$500 due by June 5, 2020. Receive a \$20 reduction to \$480 if registered and paid by May 15, 2020.

This price includes the \$100 non-refundable deposit*

* Please note that Horseback Club and Trail Ride spots are limited and fill up quickly. Spots are available on a first come, first served basis. Please register early if you're interested. See additional cost below.

	_
	_
an Dyslexia Institute to charge a total of \$	_ to the credi
Date:	_
eback Riding: ly for ages 7-11 and costs \$60 in addition to the total an hour each day, Monday-Thursday. A horseback of for ages 12 and older, and costs \$20 in addition to libe an hour long on Friday during camper's regular oriate box below if you wish for your child to particulational cost in your total above. Please note, bot and fill up quickly. Trail Ride ages 12-15	trail ride is o the total r "free cipate in
1 6	an Dyslexia Institute to charge a total of \$

Scholarships:

If you are interested in financial help in paying for part of the camp fee, a scholarship form is available upon request. Scholarships are based on first come, first serve basis and on need. In order to be considered for scholarship, all forms (including all camp forms listed above) must be submitted by April 24th, 2020.

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

Drop Off Time

Sunday-June 14, 2020

Between 2:00 & 3:30 p.m.

When to Pick Up Your Camper

Saturday-June 20, 2020 10:00 a.m.

Photo I.D. required to pick up your child.

(A driver's license is appropriate)

* Please be on time*

You can write to your child at camp at the following address:

Mystic Lake Camp

Attn: Camper's Name

P.O. Box 100

Lake, Michigan 48632

Or, prewrite letters and label with a post it note for which days you would like them to be delivered

Mystic Lake Camp office telephone number is (517) 827-9650.

Camp Packing List

Please use this camp packing list to assist your child in packing for their week-long trip. Write your child's name on everything. The YMCA and MDI are not responsible for lost or damaged personal items. Please leave valuables at home.

Suggested Equipment

- Bag for dirty laundry
- Rub-on or pump insect repellent
- Sunscreen (SPF 15 or greater)
- Flashlight, extra batteries & bulb
- Hat with brim
- Daypack or small backpack
- Water bottle

Bedding and Toiletries

- Summer-weight sleeping bag
- Twin sheet to cover mattress
- Pillow and cover
- Pajamas
- Toothbrush & toothpaste
- Comb/brush
- Soap
- Washcloth & bath towel
- Deodorant

Suggested Clothing

- Swimsuit & towel for beach
- 6 changes of underwear
- 6 pair of socks
- 2 pair of shoes
- 3 pair shorts
- 2 pair blue jeans or pants
- Heavy sweater, sweatshirt or jacket
- 6 shirts (1 or 2 long-sleeved)
- Rain gear
- Flip flops or sandals
- Hard soled shoes or boots
- "Fancy Friday" outfit

Optional Items

- Toiletry bag (mesh)
- Camera
- Fishing pole & tackle
- Archery bow (unstrung)
- Writing & reading material
- Stamps & envelopes
- T-shirt for tye-dyeing

The following are not permitted and may be confiscated:

 Absolutely no cellular phones, personal music devices, TVs, laser pointers, video games, electronics, unapproved food items, chewing gum, fireworks, alcohol, tobacco products, illegal substances or weapons of any kind.

Laundry:

 Please pack enough items for the length of your camper's stay.
 Laundry facilities are generally not available to campers.

Michigan Dyslexia Institute & YMCA's Mystic Lake Camp

Directions to Camp

Camp Phone: 517-827-9650

Directions from Detroit Area

Approximate travel time: 2.5 hours

- Take 1-75 North
- Merge onto US 10, Exit #162B towards Midland.
- US 10 will merge into 1-127 near Clare.
- Just past Clare take the US 10 West exit towards Ludington.
- Continue on US 10 West, eventually the road will change from two lanes divided to just two lanes.
- The next town will be Lake. Camp is located a little over a mile from the blinking yellow light on the left (there is a big sign on the left and side of the road).

Directions from Lansing Area

Approximate travel time: 1.75 hours

- Take 1-127 North to Clare.
- Take the US 10 West exit towards Ludington just past Clare.
- Continue on US 10 West, eventually the road will change to two lanes opposite directions.
- The next town will be Lake. Camp is located a little over a mile from the blinking yellow light on the left (there is a big sign on the left and side of the road).

Directions from the North

Approximate Travel Time: 1.25 hours from Traverse City

- Take 1-75 South until the 127 South breaks off.
- Take 127 South to US 10 West towards Ludington.
- Follow US 10 West to the Village of Lake.
- Camp is located west of Lake, on the left hand side.

Directions from Grand Rapids

Approximate Travel Time: 1.5 hours

- Take 131 North, take exit to Reed City/US 10 and head east.
- Go through blinking light at the intersection of US 10/M66 and travel approximately 7 miles on US 10 East.
- The camp entrance will be on your right, 1 mile west of the Village of Lake. (There is a big sign on the right hand side of the road).