

First Name _____ Last Name _____

Preferred Name _____ Grade Attended 2025-26 School Year _____

School Attended _____ Date of Birth (mm-dd-yyyy) _____ Age _____

Address _____

City _____ State _____ Zip _____

Parents'/Step Parents'/Guardians' Names _____

Contact Numbers (please say who's number) _____

Email Address: _____

Parent/Guardian Employer Name & Phone Number (for emergency contact) _____

ALTERNATIVE DROP OFF/PICK UP AUTHORIZATION AND CONTACT INFORMATION

#1 Name/Relationship _____

Phone Number(s) _____

#2 Name/Relationship _____

Phone Number(s) _____

#3 Name/Relationship _____

Phone Number(s) _____

SUMMER MEALS, DRINKS AND SNACKS

Food Allergies - please specify foods

Milk Allergy – please list a suitable alternative

Food or Dairy Sensitivity/Intolerance – please list foods and/or dairy products child is sensitive to or is unable to tolerate

SUNSCREEN AND INSECT REPELLANT – when weather conditions and activities warrant it ...

I authorize the application of Sunscreen

I authorize the application of Insect Repellant

PERMISSION AND AGREEMENT

I give my permission for my child, _____ to take part in the Summer Program at the Schoolcraft County Fairgrounds and all the activities provided and/or participated in as part of the day camp experience. This includes walking to the neighboring playground and the public library.

I hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs, digital images, videotapes or recordings made of me or my minor child named above. I also understand that photographs, digital images videotapes or recordings of any and all art or crafts created or participated in by said child may be used or reproduced.

If I desire my child to wear/use/have any specialized gear, equipment or supplies while attending the Summer Program I will supply the same. If I allow my child to bring any electronic equipment on-site, I understand that staff and volunteers as well as the Fair Association are not responsible for these devices and/or related supplies.

This child, to the best of my knowledge, is in good physical condition and is capable of participating in all activities.

Further, I understand and agree with the participation option that I have checked off.

PARTICIPATION OPTIONS

Please check off your program choice and add your signature showing your understanding and agreement

Summer Day Camp Program

- Fee: \$1/hr/child.
- Payment arrangements agreed to:

I will pay daily _____ I will pay weekly: _____ I will pay bi-weekly: _____ I will pay monthly: _____

An organization, friend or family member will help me out (Name) _____

(Subject to approval and revocation by Camp Staff) Approved by: _____

Jr. Camp Counselor Program

(Subject to approval and revocation by Camp Staff) Approved by: _____

- Attends camp and participates in meals and activities.
- Assists as requested.
- No cost to participate.

Sr. Camp Counselor Program

(Subject to approval and revocation by Camp Staff) Approved by: _____

- Attends camp and participates in meals and activities.
- Assists with building and grounds work, set up and clean up, activities and special events.
- No cost to participate.
- Receives daily stipend

Signature of Parent or Guardian

Date _____