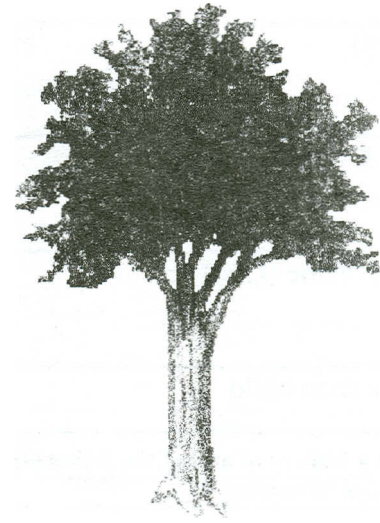


# TALL OAKS ODD FELLOW & REBEKAH YOUTH CAMP BALDWIN, MICHIGAN

7153 S. Rebecca Rd.  
(231) 898-2295



## 2010 Camping Season Registration Form

Its that time of year again, and we are preparing for an active and exciting summer at Camp! Hope to see you then for fun, learning skills, and making life long friends!

Make sure to send registration in early enough to assure your child's reservation. **Registration and fees may not be accepted at the camp.** The complete cost (excluding transportation) remains at \$225 for the full week, including all activities, housing, meals, a Camp T-Shirt provided at end of session, plus a two dollar a day allotment to be spent at the Camp Canteen.

Make additional copies of forms for more than one camper. If extra forms are needed, please visit our Web site at [www.ioofmichigan.org](http://www.ioofmichigan.org) Click on *Our Camp* then click on *Download the Camper Application form here*. Alternatively, contact your local Odd Fellow or Rebekah Lodge, or the Youth Camp Director at 231-884-4365.

A limited amount of financial scholarships are available. Please contact our Camp Director Amanda at 231-884-4365 for availability, or the Grand Lodge Office toll free at 888-554-4411 for further information.

A confirmation slip will be mailed back to confirm acceptance or camper, along with directions to the camp and other important details. **SEE YOU THIS SUMMER!**

In order to maintain a camp enjoyable for children of all ages, there is no graffiti allowed on any building in the camp. This includes all sleeping cabins. Parents are responsible for any damage that their child does.

**Health History Record (This form must be completed before registration will be accepted)**

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Child's Name (Last)	First	Middle Initial	Sex	Date of Birth
Address (Number & Street)	City	State/Zip	Home phone #	
Parent or Guardian Name (Last)	First			Work phone #
Address if different than child	City	State/Zip	Emergency phone #	

Immunizations up to date?  Yes  No (check one) Explain: \_\_\_\_\_

Allergies: Bee stings, food, etc. (Specify) \_\_\_\_\_

Any Physical Limitations? If yes please explain. Use separate piece of paper if needed: \_\_\_\_\_

Special Considerations (bed wetting, fainting, sleep walking, painful menstrual cramps, etc.) we may need to know about. \_\_\_\_\_

List All Current Medications (Must be in Original Pharmacy Container). Please use separate piece of paper if more space is needed.

Name	Frequency	Dosage
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**Medical Consent**

I/We hereby give permission to Tall Oaks Youth Camp, which is licensed by the Michigan Department of Social Services, to provide routine, non-surgical medical care on premises, and to secure any needed **emergency** medical and/or surgical treatment for the above named camper, while attending camp.

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Signature of Parent/Guardian	Date	Signature of Witness	Date
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Signature of Parent/Guardian	Date	Signature of Witness	Date
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**PLACE COPY OF YOUR INSURANCE CARDS HERE:** Camper Social Security # \_\_\_\_\_

2010 Camping Season

Tall Oaks Odd Fellow & Rebekah Youth Camp  
7153 S. Rebecca Road  
Baldwin, MI. 49304  
Phone: (231) 898-2295

Receipt #: \_\_\_\_\_

Camper Name: (Please Print) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Circle one: Male Female Age: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address if different from Camper: \_\_\_\_\_  
Street City State Zip Code

Parents'/Guardians' Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Please allow my child to cabin with: \_\_\_\_\_ NOTE: We will try to honor all requests but no guarantees.

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

MANDATORY: Name of person or Odd Fellow/Rebekah lodge PAYING for camper: \_\_\_\_\_

NOTE: Campers do not have to be sponsored by an Odd Fellow or Rebekah Lodge to attend camp. Be sure to check your local businesses to see if they would be willing to sponsor a child. Sponsorships may be tax deductible. Make certain to ask your tax advisor.

**ALL CAMPER REGISTRATIONS SHOULD BE RECEIVED AT LEAST 3 WEEKS PRIOR TO ARRIVAL AT CAMP**

Check Week desired below: Age group is campers' age on the first day of their camping week

- |                             |                        |                        |
|-----------------------------|------------------------|------------------------|
| 13 - 15 Years of Age (Coed) | ( ) June 20 to June 26 | ( ) June 27 to July 03 |
| 9 - 12 Years of Age (Coed)  | ( ) July 04 to July 10 | ( ) July 11 to July 17 |
| 7 - 9 Years of Age (Coed)   | ( ) July 18 to July 24 |                        |

I/We HEREBY CONSENT TO \_\_\_\_\_ attending the Tall Oaks Odd Fellow & Rebekah Youth Camp, approve of the Camp Regulations and will not hold the I.O.O.F. of Michigan, and its affiliates, responsible for any accidents or medical care beyond First Aid Treatment in Camp, or en-route. I/WE allow the above named camper to participate in all camp activities and in any scheduled field trips. I also realize that my camper's picture or testimony may be used in the promotion of the camp. The applicant shall also act in accordance with Camp Regulations.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please list designated person(s) to whom we can release camper.

Make Check Payable to: **Tall Oaks Odd Fellow-Rebekah Camp**  
Mail Registration Form & \*Camper Fee to:

_____	<b>BEFORE JUNE 1</b>	<b>AFTER JUNE 1</b>
_____	Amanda Hawkins,	Tall Oaks IOOF/R Camp
_____	Camp Director	Amanda Hawkins, Director
_____	P.O. Box 386	7153 S Rebecca Rd
_____	Mesick, MI 49668	Baldwin, MI 49304

\*A Fee of \$225.00 must accompany this form. \$75.00 is a non-refundable registration charge. However, it is transferable to any non-registered camper for the summer of 2010.

**NOTE: Before camper(s) are allowed to depart, a signature from one of the above named persons will be required.**