



# VFW CAMP TROTTER SUMMER CAMP REGISTRATION

We ask that anyone that is able to fill out the online registration form, please do so at [camptrotter.campbrainregistration.com](http://camptrotter.campbrainregistration.com)

\*\*ALL CAMPERS WILL HAVE A HEALTH SCREENING BEFORE BEING ADMITTED TO THE CAMP ON CHECK-IN DAY\*\*

### PLEASE PRINT CLEARLY

\*Parent or Guardian: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*PH. # (\_\_\_\_) \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Camper Name: \_\_\_\_\_ \*Date of Birth: \_\_/\_\_/\_\_\_\_

\*Camper's Gender: Male or Female \*Campers age as of 7/9/2024: \_\_\_\_

\*Camper Shirt Size (Please Circle One): Adult: XL L M S YOUTH: XL L M S

Post/Aux. Contact Person and Post #: \_\_\_\_\_

Post/Aux. Contact Person PH #(\_\_\_\_) \_\_\_\_\_

### **2024 Camping Sessions**

\*Camp starts on Sunday and ends on Saturday\*

**Week 1:** July 7 - July 13    **Week 2:** July 14 - July 20

**Week 3:** July 21 - July 27    **Week 4:** July 28 - August 3

\*First Week Choice: \_\_\_\_\_

\*Second Week Choice: \_\_\_\_\_

**\*Please send a copy of your child's: immunization Record, Insurance Card, and Attached Forms\***

Scan and email the completed application to [support@camptrotter.org](mailto:support@camptrotter.org) or mail this application and the required forms with the \$375.00 camper fee; payable to VFW Camp Trotter, Earmark check with camper's full name to

VFW Department of Michigan  
924 Washington  
Lansing, Michigan, 48906

\*\* We now accept credit card payments through our online registration portal.

# Household Form

\*Second Parent or Guardian: \_\_\_\_\_

\*PH. # (\_\_\_\_\_) \_\_\_\_\_

\*Email: \_\_\_\_\_

## Secondary Household (If applicable)

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Emergency Contacts

### Emergency Contact #1\*

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

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Emergency Contact #2\*

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

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

### Emergency Contact #3

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

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

## Additional Information

Where did you hear about VFW Camp Trotter for Children?

\_\_\_\_\_

Are you in need of Financial Assistance? Yes or No

If yes, please contact our team at [support@camptrotter.org](mailto:support@camptrotter.org) or (231)519-7091 to receive a scholarship application.

# Waivers & Agreements

## Participation Waiver

I hereby give my permission for my child to participate in the VFW Camp Trotter for Children program.

- I understand that camp activities could include play and outdoor activities around and near the VFW Camp Trotter for Children grounds, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks.
- I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities and to provide insect repellent and sunscreen for my child to use at camp.
- I will not expect the VFW Camp Trotter for Children to provide these items.
- I give my permission for VFW Camp Trotter for Children camp leaders to apply or assist with the application of the repellent and sunscreen I provide.
- I understand that the VFW Camp Trotter for Children may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.
- I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate.
- I understand that the VFW Camp Trotter for Children is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of VFW Camp Trotter for Children camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.
- I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate in, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the VFW Camp Trotter for Children, its trustees, officers, employees, camp counselors, volunteers, entities, or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the VFW Camp Trotter for Children, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

The VFW Camp Trotter for Children, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account

of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I certify that I have read this document and fully understand its contents and agree to its terms.

\_\_\_\_\_

\*Parent/Guardian Signature

\_\_\_\_\_

\*Date

### Financial Agreement

The responsibility of payment lies upon the parent/guardian of each camper. I understand that tuition must be paid in full before July 1, 2024.

If I am in need of financial support, I understand that I must reach out to VFW Camp Trotter's Administration before the above deadline.

I hereby agree to the contents of this Financial Agreement as stated above

\_\_\_\_\_

\*Parent/Guardian Signature

\_\_\_\_\_

\*Date

### Photography Agreement

I approve pictures to be taken of my child.

I understand that these photos may be used as advertisements on VFW Camp Trotter's social media and website.

\*Permission (Circle One):      Yes                      No

\_\_\_\_\_

\*Parent/Guardian Signature

\_\_\_\_\_

\*Date

### Camper Code of Conduct

Parents: The following are VFW Camp Trotter's behavior expectations for campers during the camp session. Please read through the Code of Conduct with your child before signing.

- Be a responsible member of the camp community
- Be respectful of the staff
- Be respectful of the buildings and environment
- Be considerate & respectful of others' feelings, belongings, and needs.
- Think in advance about the consequences of my actions
- Assure my own and others' safety
- Resolve differences in a respectful manner
- Protect the natural environment
- Commit to honesty

- Commit to trying
- Not to bully

I hereby acknowledge that the following code of conduct has been read and understood by my child.

\_\_\_\_\_

\_\_\_\_\_

\*Parent/Guardian Signature

\*Date

Authorized Drop-Off & Pick-Up Notice

Only fill out this portion of the form if you plan on having your child dropped off or picked up by an individual other than the listed Parent/Guardian from above.

Please be advised that I have authorized the following individual to **drop off** (my camper) \_\_\_\_\_ to VFW Camp Trotter for Children located at 5566 E 86th St., Newaygo, MI, 49337 for the summer camp session beginning on \_\_\_/\_\_\_/2024

Individual(s) Name: \_\_\_\_\_

(As printed on their State ID)

Relationship to my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

Date

Please be advised that I have authorized the following individual to **pick up** (my camper) \_\_\_\_\_ from VFW Camp Trotter for Children located at 5566 E 86th St., Newaygo, MI, 49337 after the completion of the summer camp session ending on \_\_\_/\_\_\_/2024

Individual(s) Name: \_\_\_\_\_

(As printed on their State ID)

Relationship to my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature

Date

\*\*Please Note - The listed individual(s) must bring a photo ID to pick up/drop off the listed camper.

## Camper Information

\*Is this your child's first year at VFW Camp Trotter?                      Yes    No

If this is not your camper's first year, how many years have you been attending Camp Trotter?

\_\_\_\_\_

\*Are there any details you would like your child's counselor to know before camp?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I.e. what do you do when your child is upste? What is their personality like? What are their favorite activities? We just want to be as accommodating as possible!

Is there anyone your camper would like to room with this year?

\_\_\_\_\_

List a maximum of two names with their first and last name. We will try our best to room your camper with up to two requested campers.

\*What school will your camper be attending in the coming school year?

\_\_\_\_\_

# Medical Form

General

\*Height: \_\_\_\_\_ \*Weight (Approximation): \_\_\_\_\_ lbs.

\*Last Exam Date: \_\_\_/\_\_\_/\_\_\_ Blood Pressure: \_\_\_\_\_

Allergies

\*Does your child have any allergies? (please list all allergies with reactions and treatment)

\_\_\_\_\_ No Allergies      \_\_\_\_\_ Food Allergies      \_\_\_\_\_ Medication Allergies

\_\_\_\_\_ Environmental Allergies      \_\_\_\_\_ Other

Allergy	Description of Reaction	Treatment

If your camper has more allergies than this space allows, attach an additional list to this registration form.

\*Does your child have an epi-pen?    Yes                      No

Please provide details of your child’s anaphylaxis, including the date and description of the reaction.

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If your child requires an EpiPen, please provide two non-expired EpiPens; one for your child to carry with them and one to keep with the camp’s Medical Officer.

Diet & Nutrition (please check all that apply)\*

\_\_\_\_\_ Camper eats a normal diet                      \_\_\_\_\_ Vegetarian/Vegan                      \_\_\_\_\_ PKU

\_\_\_\_\_ Lactose Intolerant/No Dairy                      \_\_\_\_\_ Gluten Intolerant                      \_\_\_\_\_ Picky Eater

\_\_\_\_\_ Other (be specific)

Please explain below:

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We strive to do our best to accommodate any dietary restrictions that your camper may have.

**Medications\***

**All medications must remain in their original container with appropriate labels to be accepted by the camp's Medical Officer (per state law).**

\*Will your child be taking any medications while they stay at VFW Camp Trotter? Yes No

Medication	Dose	Frequency (per day)	Schedule (Circle as needed)	Please explain the reason your camper takes the listed medication and any notes on how to give this to your child
			Breakfast Lunch Snack Dinner Before Bed As Needed	
			Breakfast Lunch Snack Dinner Before Bed As Needed	
			Breakfast Lunch Snack Dinner Before Bed As Needed	

If your camper has more medications than this space allows, attach an additional list to this registration form.



## Over-The-Counter Medications At Camp

\*May the following over-the-counter medications be given to your child while at camp?  
**(Cross out any that may not be administered)**

Acetaminophen (Tylenol)	Aleve	Aloe Vera	Altoids
Anatacids	Antibiotic Cream	Antihistamines (Benadryl, Diphenhydramine)	
ASA (Aspirin)	Calamine Lotion	Chlor-trimetom	Clariton/Zytrec
Cortaid	Cough Drops	Deodorant	Dimetapp
Herbal Tea	Hydrocortisone	Ibuprofen (Advil)	Insect Repellent
Lice Shampoo	Pepto-Bismol	Robitussin	Tums
Robitussin DM	Skin Moisturizer	Sting Swabs	Sudafed
Sunburn Spray (Solarcaine)		Sunscreen	

### Additional Information

\*Will your child require any treatments while at camp?    Yes (Please explain)    No

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\*Does your child regularly take any medications that will not be taken at camp?

Yes (Please Explain)    No

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\*Is there anything the camp needs to be aware of when giving your child approved over-the-counter medications?

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### Immunizations

\*Please list the date of your child's most recent vaccination or booster, if any, for the following:

TB \_\_\_/\_\_\_/\_\_\_                      Chicken Pox (Varicella) \_\_\_/\_\_\_/\_\_\_  
Diphtheria, Pertussis, Tetanus, Polio \_\_\_/\_\_\_/\_\_\_    Haemophilus Influenza B \_\_\_/\_\_\_/\_\_\_  
Hep A \_\_\_/\_\_\_/\_\_\_                      Hep B \_\_\_/\_\_\_/\_\_\_  
HPV \_\_\_/\_\_\_/\_\_\_                      IPV/OPV \_\_\_/\_\_\_/\_\_\_                      MMR \_\_\_/\_\_\_/\_\_\_  
PCV (Pneumococcal) \_\_\_/\_\_\_/\_\_\_    Meningococcal Meningitis (MCV4) \_\_\_/\_\_\_/\_\_\_

If your child has not been fully immunized, please explain.

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\*Has your child had a TB Mantoux Test? Yes No

Date of most recent TB Mantoux Test \_\_\_/\_\_\_/\_\_\_\_\_

What was the result of your child's most recent TB Mantoux Test? \_\_\_\_\_

Please explain if your child's result on the TB Mantoux Test was positive.

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**Health History** (Circle all that apply)\*

ADD/ADHD	Diabetes	Motion Sickness
AIDS/ARC	Down Syndrome	Mouth Injuries
Asthma/Inhaler	Ear Infections	Neck Pain or Injury
Athlete's Foot	Eating Disorder	Nightmares/Terrors
Back Pain or Injury	Epilepsy	Pneumonia
Bedwetting	Excessive weight gain/loss	Problems Breathing or Coughing
Behavioral Issues	Fetal Alcohol Spectrum Disorder	Respiratory Ailments
Blackouts/Fainting	Frequent Colds	Rheumatic Fever
Bleeding disorder	Hay Fever	Seizures
Cancer	Headaches	Sinus Infections
Chest pain	Hearing Problems	Skin Problems
Crohn's	Heart Disease	Sleepwalking
Colitis	Hernia	Sore Throats
Concussion	High Blood Pressure	Speech Problems
Constipation/Diarrhea	Homesickness	Stomach Aches
Convulsions	Irritable Bowel Syndrome	Tonsillitis
COVID -19	Kidney Disease	Ulcer
Dental Braces, Caps, or Bridges	Lice	Urinary Tract Infection
Depression	Menstrual Difficulties	Uses eyeglasses or contacts
Developmental Delays	Mental Health Issues	Visual Problems

Other

Please explain any and all selections below (attach additional pages if necessary)

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\*Has your child had or currently have any of the following diseases? (Circle all that apply)  
Be sure to fully explain any disease(s) your child currently has.

Chicken Pox (Varicella)	Mono (past 1 year)
Hepatitis A	Mumps
Hepatitis B	Rheumatic Fever
Hepatitis C	Scarlet Fever
Measles (German)	Whooping Cough
Measles (Red)	

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\*Has your child undergone any operation(s)?      Yes      No

Please explain the operation(s), including dates.

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It is important to note if the prior operation(s) will affect your child's health while at camp.

\*Has your child ever been hospitalized or had a serious injury?

Yes (Please Explain)      No

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\*Has your child been exposed to any communicable diseases within the last 3 months?

Yes (Please Explain)      No

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\*Does your child have any restrictions on activity?

Yes (Please Explain)                      No

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\*Will your child require any special assistance while at camp?

Yes (Please Explain)                      No

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\*Is there anything you would like to discuss with the camp medical staff?

Yes (Please Explain)                      No

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**If there is additional information you would like to share with camp staff regarding your camper, please feel free to attach another sheet.**

Insurance and Doctor Information

\*Family Doctor: \_\_\_\_\_ \*Practice: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Office Number: (\_\_\_\_) \_\_\_\_\_

\*Family Dentist: \_\_\_\_\_ \*Practice: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Office Number: (\_\_\_\_) \_\_\_\_\_

\*Do you have Medical Insurance?    Yes (Please list below)                      No

Full Name of Policy Holder: \_\_\_\_\_

Policy Holder Phone Number: (\_\_\_\_) \_\_\_\_\_

Employer Name (if insured through company): \_\_\_\_\_

Company & Plan Name: \_\_\_\_\_

Insurance Company Phone Number: (\_\_\_\_) \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Insurance Group Name/Number: \_\_\_\_\_

Medical Waiver

Parent/Guardian Authorization and Consent to Treat:

If for any reason you wish not to authorize treatment, please attach a letter of explanation.

I attest that my child is in good health and able to actively participate in camp activities except as noted on this form. I take full responsibility to see that my child is properly prepared for camp including having proper clothing, and equipment and being in good health.

I authorize the camp to provide routine health care and administer prescribed and over-the-counter medications that I am sending to camp, as well as any medication recommended by the camp's health care staff. For various problems except as I have noted in this form. I authorize the camp to share information on this Health History documentation with selected camp staff (counselors, health care, etc.) and professional healthcare providers on a need-to-know basis.

In case of a medical emergency or need for medical treatment, after every reasonable effort has been made to contact me, the family physician, or one of the alternates listed on this form or my child's camp registration form, I hereby give my permission to the camp physician or emergency physician to treat my child as necessary. I authorize the camp to arrange transportation from the camp to a medical care facility for treatment. I understand that I am financially responsible for any fees that may occur for the transportation or treatment of my child (MCLA Act 116 Public Act of 1973).

I certify that I have read this document and fully understand its contents and agree to its terms.

\_\_\_\_\_

\*Parent/Guardian Signature

\_\_\_\_\_

\*Date