

# 2025 Friendship Camper Request Form

Date \_\_\_\_\_

Church Name \_\_\_\_\_

Church Contact Person \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## FRIENDSHIP CAMPERS:

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F

Total Number of Friendship Campers: \_\_\_\_\_

# of campers \_\_\_\_\_ x \$140 = TOTAL ENCLOSED \$ \_\_\_\_\_

## PAYMENT METHOD:

1. Check written out to "Camp Au Sable"

OR

2. Credit Card - *Circle One* VISA Master Card Discover

\_\_\_\_\_

Credit Card Number

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

CVV/CVC

\_\_\_\_\_

Full Name on Card

\$ \_\_\_\_\_

Total Amount

\_\_\_\_\_

Signature

## CARD BILLING ADDRESS:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, and Zip Code

To complete this Friendship Camper request, these completed documents **MUST BE MAILED TOGETHER TO BE VALID:**

1. Friendship Camper Request Form (THIS FORM)
2. Friendship Camper Registration form for each child (see attached)
3. Signed Waiver/Consent forms for each child
4. FULL PAYMENT for all Friendship Campers

Mail Completed Packet to:

Camp Au Sable, 2590 Camp Au Sable Drive, Grayling, MI 49738

Contact the Camp with any questions/concerns: (989) 348-5491

# 2025 Friendship Camper Registration

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Circle: M or F

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Alternate Pick up \_\_\_\_\_ Phone # \_\_\_\_\_

Choose Your Counselor (optional) \_\_\_\_\_

Room Request with a Friend (optional) \_\_\_\_\_

## CHOOSE A CAMP:

\_\_\_\_\_ Adventure Camp (ages 8-10)

June 8-15 (Sunday-Sunday)

\_\_\_\_\_ Junior Camp (ages 10-13)

June 15-22 (Sunday-Sunday)

\_\_\_\_\_ Tween Camp (ages 12-14)

June 22-29 (Sunday-Sunday)

\_\_\_\_\_ Teen Camp (High School, ages 14-17)

June 29-July 6 (Sunday-Sunday)

## CLASSES: Choose\* one class for each category from your camp's Class List.

\*Please NOTE: All classes are filled on a first-come, first-served basis. If a selected class is already full at the time we receive this registration form, your camper will be placed in a similar class that is open.

### JUNIOR CAMP

Recreation \_\_\_\_\_

Craft & Nature \_\_\_\_\_

### TWEEN

Recreation \_\_\_\_\_

Craft & Nature \_\_\_\_\_

### TEEN CAMP

Recreation \_\_\_\_\_

Craft & Nature \_\_\_\_\_

ADVENTURE Campers do not select specific classes.

# 2025 Camp Au Sable Class List

## JUNIOR CAMP

### RECREATION

Challenge Course  
Fishing  
Horseback Riding  
Junior Wrangler  
Outdoor Adventure  
Snorkeling  
Sport-A-Day  
Swim Lessons  
Water Sports

### CRAFTS & NATURE

Amphibians  
Animal Tracking  
Bible Discovery through Nature  
Candle Making  
Ceramics  
Chemistry  
Journal Making  
Kitchen Creations  
Mammals  
Multi-Medium Painting  
Rocks & Minerals  
Sculpting

## TWEEN CAMP

### RECREATION

Archery  
Challenge Course  
Fishing  
Horseback Riding  
Junior Wrangler  
Outdoor Adventure  
Snorkeling  
Swim Lessons  
Water Sports

### CRAFTS & NATURE

Amphibians  
Animal Tracking  
Bible Discovery through Nature  
Ceramics  
Chemistry  
Journal Making  
Kitchen Creations  
Mammals  
Multi-Medium Painting  
Rocks & Minerals  
Sculpting  
Woodworking

## TEEN CAMP

### RECREATION

Archery  
Challenge Course  
Fishing  
Gymnastics  
Horseback Riding  
Junior Lifeguarding  
Junior Wrangler  
Outdoor Adventure  
Snorkeling  
Water Sports

### CRAFTS & NATURE

Amphibians  
Animal Tracking  
Bible Discovery through Nature  
Ceramics  
Chemistry  
Journal Making  
Kitchen Creations  
Mammals  
Multi-Medium Painting  
Rocks & Minerals  
Sculpting  
Welding  
Woodworking

# PARENTS OF CAMPER!!

Fill out these forms out as soon as possible and RETURN to the person who gave it to you! This will give you the best chances at getting the classes that you want. If any of the classes you signed up for are already filled, we will be putting you in a different class.

Each of you will need to have an Ultra Camp account. If you have one, please be sure to update all of the information and ensure that it matches the information on this registration form.

If you DO NOT have an Ultra Camp account, you will need to CREATE ONE:

1. [www.campausable.org](http://www.campausable.org)
2. Click on "Registration"
3. Create a username and password
4. Set up a profile for your camper
5. We will do the rest in registering your child for the specific camp!

We look forward to seeing you this summer at Camp Au Sable! God bless you!

If you have any questions, feel free to call us at (989) 348-5491!

Visit us at: [www.campausable.org](http://www.campausable.org) or "Like" us on Facebook "Camp Au Sable"

# Camp Waivers & Consent Forms

## (Signatures Required)

### Consent & Assumption of Risk

I am applying for my camp attendee to engage in camp activities such as rock climbing, horseback riding, rope courses, water skiing, canoeing, kayaking, gymnastics, go carts (hear after collectively referred to as "activities"). I understand that such activities have inherent risks that include, but are not limited to, loss of control, collisions, obstacles and other potential dangers that could result in personal injury.

I represent that my attendee has no health or physical problems that will interfere with camp activities. In consideration of being given the opportunity to participate, my attendee and I assume and accept all risks of injury and gender involved in horseback riding and other activities. I agree that my camp attendee is responsible for his/her own abilities.

I do support, and applicant agrees to abide by all camp regulations and policies. As a parent or legal guardian of the camp attendee, or for myself if I am over 18 years of age, I release the Michigan Conference, the Camp Management, its employees and agents, from any and all liability for damages that might result from the camp attendee's participation in these activities.

### Camp Photo Release

I acknowledge that while my child (children), who I indicated above, are at Camp Au Sable, Grayling, MI, he/she may be photographed by a still or video camera. I authorize Camp Au Sable to utilize my child's photographic image without identification in its brochures and advertisements in any media, including Camp Au Sable's website. In giving my consent, I hereby release and hold harmless Camp Au Sable and its agents from any and all responsibility of liability relating to the use of the photographs. I understand that neither my child nor I will receive compensation should any photograph authorized hereunder be used.

\_\_\_\_\_  
Print Camper Name

\_\_\_\_\_  
Camper Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

Date \_\_\_\_\_

Camp(s) Attending: \_\_\_\_\_

# Camper Medical Information

Camper's Full Name: \_\_\_\_\_ Cabin/Counselor: \_\_\_\_\_ / \_\_\_\_\_ M or F

Please check week(s) attending: Adventure \_\_\_\_ Junior \_\_\_\_ Tween \_\_\_\_ Teen \_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Emergency Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Information Attached: Yes \_\_\_\_ No \_\_\_\_ If no, please explain: \_\_\_\_\_

Important Note: Must have a photocopy of health insurance card (front and back) in order to treat camper in an emergency!

Physician/Health Care Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Are all school physicals/immunizations up to date: Yes \_\_\_\_ No \_\_\_\_

If not, please explain: \_\_\_\_\_

Date of last tetanus (DPT/TD) \_\_\_\_\_ If needed, may tetanus booster be given? Yes \_\_\_\_ No \_\_\_\_

Date of Birth: \_\_\_\_\_ Medication Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_ Other \_\_\_\_\_

Routine Medication: \_\_\_\_\_

## Camper's Health History - Please Circle

- |  |        |   |        |
|--|--------|---|--------|
| 1. Upset stomach?                                | Y or N | 9. Any physical restrictions?                             | Y or N |
| 2. Frequent ear infections?                      | Y or N | 10. If female, menstrual difficulties?                    | Y or N |
| 3. Frequent headaches?                           | Y or N | 11. Any other health conditions requiring treatment?      | Y or N |
| 4. Ever had seizures?                            | Y or N | 12. Any past medical treatment/operations?                | Y or N |
| 5. Diabetes?                                     | Y or N | 13. Any emotional or social issues?                       | Y or N |
| 6. Asthma?                                       | Y or N | 14. Any activates mentally/physically unable to do?       | Y or N |
| 7. Recent injury, infection, infectious disease? | Y or N | 15. Any medication that might impair ability as a camper? | Y or N |
| 8. Chronic or recurring illness/conditions?      | Y or N |   |        |

Prefer private medication administration: Y or N

If "yes" please explain:

There will be a head lice check at registration. Each camper must be lice-free before they can be checked into a cabin.

{To be initialed by medical staff at registration: no lice \_\_\_\_ recheck \_\_\_\_ yes \_\_\_\_ }

I hereby give Camp Au Sable permission to provide routine health care (which includes over-the-counter drugs, first-aid for cuts, sprains, bruises, etc.), administer prescription medications, and seek emergency treatment as needed. In case of emergency, I hereby give permission to the camp physicians selected by the camp directors to secure proper treatment including: routine tests, x-rays, treatment, hospitalization, anesthesia, surgery, and to release any records necessary, as well as to provide or arrange necessary related transportation. I certify that the above information is correct and current to the best of my knowledge.

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

Camp Nurse \_\_\_\_\_ Date \_\_\_\_\_

