



The Salvation Army  
Little Pine Island Camp

Please return to:  
Denise Gorsline  
2500 S. Division Ave.  
Grand Rapids MI 49507  
616-588-7200 ext. 2016

**CAMP APPLICATION  
2018**

Please indicate below which camps your child will register for this year:

Youth Sports June 12 - 15		Music June 16 - 23		Adventure June 25 - 29	
Sunbeam & Explorer July 2 - 6		Teen Sports July 9 - 12		Teen STEAM July 16 - 20	

**CAMPER INFORMATION**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Male/Female: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ \*Shirt Size: \_\_\_\_\_ Corps/Church: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Please, specify whether child needs a youth or an adult size shirt. (Examples: YS = Youth Small and AS = Adult Small)

**PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Daytime phone #: ( ) \_\_\_\_\_ Evening phone #: ( ) \_\_\_\_\_

IF PERSON ABOVE CAN'T BE CONTACTED, PLEASE CALL: (Must be someone who is available throughout the encampment):

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
 Daytime phone #: ( ) \_\_\_\_\_ Evening phone #: ( ) \_\_\_\_\_

**HEALTH HISTORY**

**Check & Give Date of Last Incident**

\_\_\_\_\_ Bleeding/Clotting Disorder \_\_\_\_\_ Heart Defect/Disease  
 \_\_\_\_\_ Convulsions/Epilepsy \_\_\_\_\_ Hypertension  
 \_\_\_\_\_ Heat/Sun-Related Problems \_\_\_\_\_ Mononucleosis  
 \_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_ Diabetes  
 \_\_\_\_\_ ADD/ADHD Is camper currently taking medication? \_\_\_\_\_  
 \_\_\_\_\_ Asthma Does camper carry medication? \_\_\_\_\_

**ALLERGIES**

Hay Fever \_\_\_\_\_ Poison Ivy, etc. \_\_\_\_\_ Insect Stings \_\_\_\_\_  
 Drugs (prescription or over-the-counter): \_\_\_\_\_  
 Foods: \_\_\_\_\_  
 Other: \_\_\_\_\_

**PAST/CURRENT TREATMENTS**

Operations/Serious Injuries?  No  Yes  
 Disability/Chronic/Recurring Illness?  No  Yes  
 Current Infectious Diseases?  No  Yes  
 Other diseases or details of above: \_\_\_\_\_

If yes, please describe below (with dates). List any resulting limitations, etc.

**MEDICATIONS**

All drugs and medications must be in original containers with doctor's dosage instructions.

Name of Medication	Dosage	Time

(FEMALE) Has this person menstruated?  
Check One  No  Yes

If no, has she been told about it?  
Check One  No  Yes

If yes, is her menstrual history normal?  
Check One  No  Yes

**SPECIAL NEEDS, REQUESTS & RESTRICTIONS**

Are there any specific activities to be encouraged or limited, physical limitations or adaptations needed to assist the camper, behavioral management or special health-related considerations for which camp personnel or health officer should be aware?  
Please consider potentially hazardous conditions of an outdoor environment and exposure to sunshine, heat, foliage, insects etc.

**INFORMED CONSENT POLICY**

We are concerned with your child's safety and well-being. Camp activities involve risk. It is often that risk which helps a child grow in confidence and expand their experience. Camp policy requires a parent/guardian's approval to allow their child's participation in "high adventure" activities. This policy applies only to high risk activities. Other inherent risks exist in the camp experience and environment and are not addressed in this policy. **Not all activities are available at every camp.** High Adventure activities may include: Archery, Team Challenge, Low and High Challenge Course, Swimming, Boating, Fishing, Woodworking, Riflery, Bicycling, Outdoor Living Skills (i.e. fire building & outdoor cooking), Hiking/Backpacking and Tenting.  
Please, list any activities you prohibit your child from experiencing:

**PHYSICIAN INFORMATION**

Name of dentist/orthodontist: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of family physician: \_\_\_\_\_ Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_  
Date of last physical examination: \_\_\_\_\_

**A COPY OF THE CAMPER'S HEALTH INSURANCE or MEDICAID CARD MUST BE ATTACHED**

**IMMUNIZATION HISTORY**

**A COPY OF THE IMMUNIZATION RECORD MUST BE ATTACHED TO THIS FORM.**

**OTHER INFORMATION**

**2018 SUMMER CAMP PERMISSION SLIP (PLEASE CHECK YOUR PREFERENCE)**

I understand that camp activities may include short trips off camp grounds conducted off the camp grounds with adult supervision. Therefore, I  do or  do not give permission for my child to participate in Salvation Army activities conducted off camp grounds.

**CAMPER RELEASE POLICY**

It is our intent that children attending camp do so for the entire camping session. There are, however, emergency situations when campers must leave early. In those cases, campers will be released to the representative of the sponsoring agency bringing the child to camp or a legal parent/guardian whose signature appears on the camper's registration form. **Campers WILL NOT be released to any other person without written consent signed by the legal parent/guardian and prior notification of the camp office, (616) 784-1404.** Thank you for your cooperation in this policy. It is intended for your child's safety.

**PUBLICATION RELEASE**

- GRANTED** Release for use of photos  
*I understand that photographic images of my child may be used for programming or publication.*
- DENIED** Release for use of photos **PHOTO ATTACHED**  
*I am attaching a current photo to the application as a means of identifying my child in photos.*

**PARENT/GUARDIAN AUTHORIZATION**

This health history is correct to the best of my knowledge. The person herein described has permission to engage in all prescribed camp activities except as noted. I have reviewed and consent to the Camper Release Policy and the camper Code of Conduct. **Parents will be notified immediately of any camper injury or illness requiring off-site treatment, an overnight stay in the health station, or removal from camp activities for more than a 4 hour period. (Check one of the following boxes)**

- I give permission to The Salvation Army Little Pine Island Camp, which is licensed by the State of Michigan, to secure emergency medical and surgical treatment (including, but not limited to, x-rays, routine tests, injections, and anesthesia) and hospitalization for this child if there is insufficient time to contact me. I further authorize routine, non-surgical medical care (including dispensing of non-prescription drugs for illness, injury treatment, insect bites, & repellant, sunscreen, etc.) at the discretion of the camp health officer or other first aid certified staff.
- I do **not** give permission to The Salvation Army Little Pine Island Camp, to secure emergency medical and surgical treatment for this child due to my religious objection. If there is a religious objection, the authorized person must submit a written statement to the effect that the camper is in good health and that the person signing assumes the health responsibility for the camper.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_  
 PARENT/GUARDIAN'S NAME (printed): \_\_\_\_\_ Date: \_\_\_\_\_

**CODE OF CONDUCT & DRESS CODE**

**I AGREE to abide by the following code of conduct and rules instituted for the benefit and safe participation of all campers and staff:**

1. To dress appropriately for recreational purposes, wearing clothing and/or equipment deemed appropriate and necessary by the camp (see Dress Code). Modest one-piece bathing suits must be worn while swimming. Bikini, thong, French-cut or similar low cut back or high leg styles and t-shirts are not permitted.
2. To respect the rights, privacy and property of others by not stealing, fighting, lying, cheating etc.
3. To leave cell phones and similar electronic devices at home, or in the safe possession of the camp upon arrival and use any personal music players only with the permission of camp staff.
4. To respect the property and facilities of the camp, The Salvation Army, and adjoining properties.
5. To participate in all scheduled programs, activities and meals, and to abide by the curfew established by the camp in a courteous, respectful and prompt manner. For high risk activities, attend only those approved for me.
6. Not to possess or use any alcohol, tobacco or non-prescription drugs during camp, nor to bring flammable or explosive materials, poison, weapons or pets to camp. (All medications must be turned in to the Health Officer at registration.)
7. To take responsibility and care for my personal property.
8. To respectfully cooperate with camp staff, other campers, and visitors of Little Pine Island Camp.
9. To abide by all local, state and federal laws.
10. To obey all rules of Little Pine Island Camp and to comply with all routine and emergency instructions of the camp staff.
11. To attend and be respectful of all worship services at camp.
12. To stay on camp grounds throughout the camping session.
13. To only enter the cabin to which I am assigned. Girls and boys are not allowed in opposite sex cabins. **Failure to comply will warrant immediate dismissal from camp.**
14. As is the policy in public schools, pulling a fire alarm or prank calling 9-1-1 will result in immediate dismissal, and may result in criminal charges and/or require compensation for physical damage to property.

**Orientation with camper and parent/guardian must be completed prior to camp.** Review entire Application Form and the camper information section of the camp brief.

The Code of Conduct and Dress Code have been discussed with me. I understand them and agree to abide by them.

Camper Signature: \_\_\_\_\_  
 Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2018 Household Application for Free Meals

Complete one application per household. Please use a pen (not a pencil).

## STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Grade	CAMPER? Yes No	Homeless, Migrant, Runaway Foster Child
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.						

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3. IF YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number: \_\_\_\_\_

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			Public Assistance/ Child Support/Alimony			Child Income			Pensional/Retirement/ All Other Income		
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly

Total Household Members (Children and Adults) \_\_\_\_\_

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X

Check if no SSN

## STEP 4 Contact information and adult signature. Mail Completed Form To: INSERT YOUR SCHOOL/DISTRICT MAILING ADDRESS HERE

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information, I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available) \_\_\_\_\_ Apt # \_\_\_\_\_

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

Daytime Phone and Email (optional) \_\_\_\_\_

Printed name of adult signing the form \_\_\_\_\_

Signature of adult \_\_\_\_\_

Today's date \_\_\_\_\_

### Sources of Income for Children

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security	- A child is blind or disabled and receives Social Security benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money
- Income from person outside the household	
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

### OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  Black or African American  Native Hawaiian or Other Pacific Islander  White  
 Race (check one or more):  American Indian or Alaskan Native  Asian

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but you do not want to miss out on free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other EBTIS identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or streamline benefits for their programs, and for program reviews and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

**Do not fill out For School Use Only**

Annual Income Conversion: **Weekly x 52**, **Every 2 Weeks x 26**, **Twice a Month x 24**, **Monthly x 12**

Total Income

	Weekly	Every 2 Weeks	2x Month	Monthly	Household Size
	○	○	○	○	

Determining Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Eligibility:

Free	Reduced	Denied
○	○	○

Categorical Eligibility

Verifying Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) if you are in the U.S. Military: - Basic pay and cash bonuses - Child support payments - FSSA or privatized housing allowances - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment Income - Earned Interest - Rental Income - Regular cash payments from outside household

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9982. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov)  
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