



Camp Code

Due Date:

1 1 M I 0 2

Camper Information Form

0 6 / 1 0 / 2 0 1 1

G r a n d R a p i d s , M I

Please print legibly to complete this scannable form.

If you are an adult (21 years or older) a completed Verification of Background Check form is required as well.

Youth Leader's first name

Youth Leader's last name

Grid for Youth Leader's first name

Grid for Youth Leader's last name

Participant first name

Participant last name

Grid for Participant first name

Grid for Participant last name

Address

Grid for Address

**Grade entering (Fall of 2011)**

6th     11th

7th     12th

8th     College

9th     Adult

10th

City

State

Zip

Grid for City, State, and Zip

Phone number

Birthdate (MMDDYY)

Gender

Age

Grid for Phone number, Birthdate, Gender, and Age

Email address

Grid for Email address

Criminal History:

- Sexual misconduct of any kind involving children, youth or adults, including crimes resulting in a conviction  Yes  No
- Violence against another person resulting in a felony conviction within the last 10 years  Yes  No
- Use, or distribution, of illicit drugs or controlled substances in the last 10 years  Yes  No
- Property crime resulting in conviction in the last 10 years  Yes  No
- Any other characteristics which would render person a threat to others  Yes  No

If you marked yes for any, please explain: \_\_\_\_\_

Number of Group camps attended:

- First time
- Attended one camp
- Attended two camps
- Attended three camps
- Attended four or more camps

Please complete the other side of this form, all campers must sign the release agreement.



4 7 2 7 2 5 3 0 1 4 5 6 6

**EVERYONE:** Please fill in the number which best reflects your level of experience in the following categories. Indicate only **ONE** number per category. Number five is for adults only.

Carpentry	Drywall	Painting	Roofing
<input type="checkbox"/> 1 - No experience	<input type="checkbox"/> 1 - No experience	<input type="checkbox"/> 1 - No experience	<input type="checkbox"/> 1 - No experience
<input type="checkbox"/> 2 - Some experience	<input type="checkbox"/> 2 - Some experience	<input type="checkbox"/> 2 - Some experience	<input type="checkbox"/> 2 - Some experience
<input type="checkbox"/> 3 - I can cut and nail boards	<input type="checkbox"/> 3 - I can patch a hole	<input type="checkbox"/> 3 - I can prepare and paint a house	<input type="checkbox"/> 3 - I can patch a new roof
<input type="checkbox"/> 4 - I can build a new porch	<input type="checkbox"/> 4 - I can hang new drywall	<input type="checkbox"/> 4 - I can supervise house painting	<input type="checkbox"/> 4 - I can install an entire roof
<input type="checkbox"/> 5 - I am a professional	<input type="checkbox"/> 5 - I am a professional	<input type="checkbox"/> 5 - I am a professional	<input type="checkbox"/> 5 - I am a professional

**FOR MINORS ONLY:** \*If a 3 OR 4 is listed, a parent must sign.

Parent Signature\* \_\_\_\_\_

I have seen, read, and agree to the participation and release agreement (located in your camper envelope - **original signatures are required**): By signing this form you hereby authorize Group Cares and Group Publishing, Inc. (on behalf of Group Cares) to use or disclose you or your child's protected health information for the purposes of treatment, payment, health care operations or any other disclosures as allowed by law in connection with any accident, medical incident or claim made. (**Please note:** as a participant, you are responsible for your own health insurance needs and are advised to bring your personal health insurance information with you on your mission trip.)

Participant's Name (**Please Print**) \_\_\_\_\_

Participant's Signature\* \_\_\_\_\_

**\*Your parent or guardian must sign also if you are under 21**

Custodial Parent/Guardian Name (**Please Print**) \_\_\_\_\_

Custodial Parent/Guardian Signature \_\_\_\_\_

**Parent Information**

<b>First name</b>	<b>Last name</b>
<input type="text"/>	<input type="text"/>

**Street Address**

<b>City</b>	<b>State</b>	<b>Zip</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Email address**

<b>Home Phone</b>	<b>Work Phone</b>
<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>

**Cell Phone**

 - 


# Your Camp Information

## Theme "Connect"

### Grand Rapids, MI Workcamp

11MI02

#### Lodging Facility

Catholic Central High School  
319 Sheldon Avenue  
Grand Rapids, MI 49503

#### Directions to Lodging Facility

From U.S. highway 131--take exit 84A/Wealthy Street. Turn east on Wealthy Street and proceed to Division Avenue. Turn left onto Division and proceed 1 block to Goodrich Street (just past sign for Cathedral Square). Turn right onto Goodrich--the school will be on your left.

#### Camp Arrival and Departure

**Camp Begins:** Sunday, July 10, 2011

**Arrival Time:** 12:00 p.m. to 2:00 p.m.

**Camp Ends:** Saturday, July 16, 2011

**Departure Time:** You can plan for departure between 7:00 a.m. and 9:00 a.m.

#### Camp Voice Mailbox

1-800-385-4545 Ext. 7908

The above number is a voice mailbox that serves multiple camps.

If you have a change in your registration number a day or two prior to camp, or if an unexpected situation is causing you to arrive after the scheduled registration times, please call the camp voice mailbox number listed above to report it.

#### Camp Specific Note

Don't forget to bring your canned food donations! High Demand Items include: canned meats, canned vegetables, canned fruit and peanut butter.

#### About the Community

##### Weather Information:

To find the weather for your camp go to

<http://www.weather.com/>

##### For information on what to do in Grand Rapids, contact:

Grand Rapids, MI Area Chamber of Commerce (616) 771-0300

[www.grandrapids.org](http://www.grandrapids.org)

##### For information on what to do in Michigan, contact:

[www.michigan.org](http://www.michigan.org)

#### Background and Culture

The 2nd largest city in Michigan the major industry in Grand Rapids once nicknamed the "Furniture City" contributes heavily to the healthcare, automotive, and consumer goods manufacturing.

#### Local Hospital Information

St. Mary's Health Care

200 Jefferson Street, SE

(616) 685-5000



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### Site Transportation Form

0 6 / 1 0 / 2 0 1 1

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Please use a blue or black pen to complete this scannable form.

Youth Leader's first name

Youth Leader's last name

[Grid for Youth Leader's first name]

[Grid for Youth Leader's last name]

Church name

[Grid for Church name]

Church address

[Grid for Church address]

City

State

Zip

[Grid for City, State, and Zip]

Cell phone number during camp

[Grid for Cell phone number]

**All groups are required to supply transportation to the sites for the number of participants in their group.**

Your vehicle(s) will be used to transport crews to and from sites during the entire camp duration. The best vehicles for this purpose are vans, small buses, station wagons, and cars that hold six or more people.

If you bring a charter bus, RV or customized van, you must supply adequate transportation to the sites for the number of participants you bring.

If you arrive at the camp by air, you will be required to rent vehicles to provide transportation during the camp week.

**All drivers must be at least 21 years of age and covered fully by auto insurance.**

If you are attending a Workcamp please list the adults with the lowest construction skills as the primary drivers.

Remember to consider whether seats will be removed and adjust your capacity accordingly. Cars, vans and buses must not exceed the passenger load. All passengers must have a seat belt; seat belt laws are to be observed at all times. (Buses are exempt from the seat belt count, as they are not required by law.)

\*If rental, provide company name below:

\_\_\_\_\_

Vehicle #1

Driver's first name

Driver's last name

[Grid for Driver's first name]

[Grid for Driver's last name]

Vehicle type

Car  Bus  Van

Vehicle capacity

Driver's license number: \_\_\_\_\_

Auto insurance policy number: \_\_\_\_\_

Auto insurance provider: \_\_\_\_\_

**Room for additional vehicles on the back.  
Signature required on back of form.**



