

**Discovery Camp 2017
REGISTRATION FORM**

Camp Dates: Monday, July 17 through Friday, July 21, 9:00 a.m. till 3:00 p.m. daily

The Discovery Camp is for children entering 4th grade through those entering 8th grade. Twenty-four students will be accepted. Parents should be aware of scheduled drop off and pick up points for each day. Transportation to and from camp each day will be the responsibility of the parents. Drop off and pick up locations and activities for each day will be made clear in the camp information packet which you will receive after your child's registration has been confirmed. Transportation to special events will be provided by Discovery Camp via the Mackinaw City Trolley Company. Questions should be directed to Mail@MackinawHistory.org or call/text Miss Angie 812-797-6000

Clothing should be consistent with weather, hiking, and activities of the day. Sturdy shoes (no flip flops), light jacket, hat, and layers will assure your child is comfortable. Names in clothing may be helpful. Parents should expect to provide a bag lunch every day with a beverage in a disposable container. We will provide bottled water and snacks. If your child requires specialty snacks, please provide them in a labeled disposable container. Bag lunches should be labeled and such that refrigeration is not required. Camp Counselors will assure lunches and snacks travel with your child. Parents are welcome to volunteer assistance. Please let us know that you would like to volunteer.

Download the forms on www.MackinawHistory.org. Complete the registration form. Download and sign the Waiver of Liability, Assumption of Risk and Release, and Photo Release Form (it is one document with three sections). The fee for the week is \$35 for each child. Make your check payable to MAHS. Please return the Registration Form, the Waiver Form and your check to MAHS, PO Box 999, Mackinaw City, MI 49701. Space is limited. Campers will be enrolled in the order received. Registration and payment is due by July 1, to reserve your space. We will send an email confirming your registration.

PARENT/GUARDIAN INFORMATION

First Name/ Last Name	
Address	
City/State/Zip	
Email	
Daytime phone during the camp hours	

CHILD INFORMATION

	<u>CHILD 1</u>	<u>CHILD 2</u>	<u>CHILD 3</u>
First Name/ Last Name			
Gender/ Age/ Grade T-Shirt Size			
Special needs: dietary or food and seasonal allergies, medical conditions, medications			

EMERGENCY CONTACT INFORMATION

Other than yourself, who is authorized to pick up your child: Name: _____ Phone: _____
Please supply an emergency contact name and phone number if for some reason you cannot be reached: Name: _____ Phone: _____



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