



CITY OF MARY, MOUNT MORRIS
3204 East Stanley Road
Mount Morris, MI. 48458-8732
Phone: (810) 875-9771 Fax: (810) 875-9774

Dear Parents & Guardians,

Your son is invited to participate in the Franciscan Friars of Mary Immaculate's twentieth Annual J.M.I. Summer Camp from June 27 through July 17. We are asking for a donation of \$375 per youth to cover the cost of providing the camp.

Below is a packing list of what to bring and what not to bring. The two forms (permission and medical release) need to be filled out and mailed to us at the above address. Also included is a brief history and overview of the summer camps and our community. Please discuss the program with your youth and explain to him the necessity of his cooperation to make this camp a beneficial and happy experience for all.

In Jesus and Mary,

Bro. Daniel Eli O.F.M.I. camp director

PACKING LIST

- JMI Camp application
- For class, chapel and formal outings:
Boys need DRESS PANTS, COLLARED SHIRTS, AND DRESS SHOES
(No jeans, shorts, etc. will be permitted at these times.)
- Recreational clothing: jeans, gym shorts, swimsuit, etc.
(All laundry should be clearly marked with the youth's initials.)
- Sleeping bag, pillow, or necessary bed roll.
- Bath or beach towel.
- necessary toiletries (all boys are expected to be clean shaven and well groomed)
- Favorite sport equipment: baseball glove, fishing pole, basketball, football, etc.
- \$20 - 40 in spending money (for a snack, ice cream cone, or religious gifts etc.)
- Medications, if needed (ointments for sunburn, insect bites, etc.)
- Photo I.D.
- Any pertinent information needed for camp directors [i.e. pertaining to medication etc.].

NOTA BENE: To retain the peace and serenity of a holy atmosphere as well as to help ensure everyone's safety, please leave all CD/MP3 players, headphones, radios, portable video game systems knives, etc. at home.

JMI Camp Application Form

Fill out both pages of this form. All campers must have a completed medical form on file prior to participation in any camp activities.

Camper's Name: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Age at camp: _____ S.S.# _____

Parent(s) or Legal Guardian(s): _____

Home Phone:(____) _____ Business Phone:(____) _____ Cell Phone:(____) _____

PARENTAL/GUARDIAN RELEASE AND INDEMNITY AGREEMENT

1. I hereby acknowledge that I am either the parent or legal guardian of:

_____ (hereinafter "the camper").

In the event that I am unavailable for purposes of providing parental/guardian consent, I hereby authorize the physician(s) and staff of any Medical Facility deemed necessary by staff to provide such hospital care that includes diagnostic procedures and medical treatment as necessary to the camper while enrolled in the JMI Camp. Said medical treatment may be given without any further prior permission from the undersigned. In lieu of a medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the camper's participation in the JMI Camp's program.

2. In consideration of the *Franciscan Friars of Mary Immaculate* 3204 E. Stanley Rd., Mt. Morris, Michigan 48458 and/or the *City of Mary*, of the same address, permitting my /our son to so participate, does hereby covenant and agree not to sue the *Franciscan Friars of Mary Immaculate*, and/or the *City of Mary*, for any claim which may arise out of the aforementioned activity, and does further agree to indemnify and hold harmless the said *Franciscan Friars of Mary Immaculate* and/or the *City of Mary* both of Mt. Morris, Michigan, from any claim which my/our son may claim from this aforementioned activity.

(Parent/Custodial Guardian Printed Full Name)

(Parent/Custodial Guardian Printed Full Name)

(Signature and Date)

(Signature and Date)

I understand the consent and authorization herein granted does not include major surgical procedures. I understand that I will be contacted in the event that my child is brought to the Hospital/Medical Center for treatment.

Parent/Guardian Signature: _____ Date: _____

Camper's Insurance Information: Please include the insurance card & pharmacy card

Insurance Company:_____ Policy #:_____ Subscriber #:_____
Insurance Address:_____ City:_____ State:_____ Zip:_____
Subscriber's Name:_____ Subscriber's Address:_____
Family Physician:_____ Phone Number:
(_____)_____

PAST MEDICAL HISTORY:

Does your child have any of the following: (Please check box after the condition listed.)

- Diabetes Heart Disease Kidney Disease Nervous/Mental Disorder Asthma
Hemophilia Hypertension Epilepsy Ulcer Rheumatoid/Lupus
Bronchitis Frequent Colds Respiratory Disease Hepatitis Fainting

Please provide details if any condition is checked above:_____

Any operations, illnesses, or injuries during the past school year:_____

Other injuries, surgeries, or limitations:_____

Any Allergic reactions to the following:

- Bee Sting Poison Oak Penicillin Sumac Hay Fever Poison Ivy

Other:_____

Non-Prescription Drugs: My child may be given non-prescription, over-the-counter medications as needed.
Example: Tylenol, antihistamines, antacids, etc.

Yes No Exceptions:

****PLEASE DO NOT SEND OVER THE COUNTER MEDICATIONS TO CAMP WITH YOUR CHILD****

All prescription medications sent to camp must be in its original prescription packaging including type of medication, dosage and frequency. Parents may include a note for the condition being treated. For the safety of all the campers, medication will be kept and administered by our staff.

Medications your child will be bringing to camp:_____

SECONDARY EMERGENCY CONTACT:

If I am not available please contact: _____

Relationship to Camper:_____

Home Phone:(_____)_____ Work Phone:(_____)_____

Cell Phone:(_____)_____