



My one week beat your entire summer!

www.campmanuel.com

**For Campers to be accepted,
every section of this form
must be filled out entirely!**

2024 APLICATION

Director: Anca Ursu

248 217 8438(USA) or 519 992 8872 (CAN)

anca@campmanuel.com

Founder & Spiritual Advisor: Grigore Buia

248 909 2992

grigorebuia@campmanuel.com

Please Check One:	<input type="checkbox"/> Elementary	<input type="checkbox"/> High School	<input type="checkbox"/> Middle School
Camp Dates	June 16 – 20	June 22 – 26	June 28 – July 2
Age Group (Birth Year)	2014-2017	2006-2010	2011-2013
Drop-Off Time	9:00 AM	9:00 AM	9:00 AM
Opening Ceremony	10:30 AM	10:30 AM	10:30 AM
Pick-Up Time	7:00 PM	7:00 PM	7:00 PM
Admissions	\$310	\$310	\$310
Admissions After June 1 st	\$350	\$350	\$350
High Ropes*	(Ages 12+ only)	yes	(Ages 12+ only)

Please Send Applications To:

2179 Beech Lane Dr. Troy, MI 48083

Or Email: grigorebuia@campmanuel.com

Make Checks Payable To: CAMPEMANUEL

Venmo: @Camp-Emanuel

Zelle: @2489092992

Held at:

Covenant Hills Camp

10359 East Farrand Rd. Otisville MI, 48463

Phone: 810 631 4531

Please Fill Out Camper Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Gender: M F Date of Birth: _____ Camper's Cell: _____ E-mail: _____

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

Please Fill Out Parent / Legal Guardian Information:

Mother Last Name: _____ First Name: _____ Cell: _____ E-mail: _____

Father Last Name: _____ First Name: _____ Cell: _____ E-mail: _____

SEATS ARE LIMITED! Apply early to ensure participation. First come first serve.

For those 18 and up, we encourage you to check out the Youth Retreat at: campscalvary.com

EMERGENCY CONTACT INFORMATION (RULE 117.2)

Person OTHER THAN parent or legal guardian listed above to be notified in an emergency situation:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Names of persons OTHER THAN AUTHORIZED PERSONS to whom campers MAY BE RELEASED. **Campers will not be released to any person unless listed below.**

1. _____ 2. _____

CAMPER’S HEALTH HISTORY RECORD (RULE 127.2)

Personal Physician’s Name: _____ Phone: _____

Insurance Company: _____ Policy number: _____

Policy Holder’s Name: _____ Date of birth: _____

List any special conditions such as bed-wetting, fainting, sleep walking, or allergies camper has (continue on back):

List any health, behavioral, or emotional problems the camper has, including current infectious disease (continue back):

Please list camper’s special needs, limitations, and required adaptations (continue on back):

List any medications camper takes (include Name, Frequency, and Dosage):

Should camper’s activity be restricted because of any physical reason? No Yes. If yes, please explain:

Are camper’s immunization records up to date? No Yes If not, indicate which are missing and why:

HEALTH CARE AUTHORIZATION STATEMENT (RULE 127.1)

In case of injury, parents or the emergency contact person will be called immediately for their decision on medical treatment. If parents or the emergency contact person is not available, Camp Emanuel will use our best judgment as to what course of action to pursue and will continue to attempt contact. Covenant Hills Camp or Camp Emanuel will not be responsible for any costs incurred as a result of illness or injury. I hereby give permission to Camp Emanuel which is licensed by the State of Michigan, to provide routine, nonsurgical medical care, and to secure emergency medical and surgical treatment, for the camper named above, while attending Camp Emanuel. Note: In accordance with MCLA Act 116 and MCLA Act 218 of the Public Acts of 1973 and 1979, as amended, and the rules for licensing camps, this authorization must be signed by a parent or guardian of a child camper or an authorized person of an adult camper unless there is religious objection. I also certify that the information above is true to the best of my knowledge. No Yes

GUARDIAN AUTHORIZATION FORM (RULE 117.2)

My child has permission to engage in all prescribed camp activities, except as noted by myself or an examining physician. Parents should notify camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance. I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in any way by camp leadership. I understand my child may be participating in camp activities that may include Field Games, Boating, and Archery. I understand that there may be inherent risks in these activities. **If my child must return home due to illness or behavior, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time specified by camp leadership.** I also give my permission for my child to be photographed or videotaped and allow Camp Emanuel to release sound pictures for publicity purposes.

*By signing below I acknowledge that I have read and understand both the contents detailed on Page 2, signed the Covenant Hills Camp Waiver on Page 5, and the Camp **RULES AND RESPONSIBILITIES** on Page 4.*

Camper’s Signature: _____ Date: _____

Parent/Legal Guardian’s Signature: _____ Date: _____

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Zelle: @2489092992

- *If you send money by Zelle or Venmo please specific. From who?. To who ?.*
- *If you have low income: please show the camp Application to your School District asking if they have funds for families with low income.....*
- *Follow us on social media for daily updates during camp!*
- *For those 18 and up, we encourage you to check out the Youth Retreat at: campscalvary.com*

About Us: Founded in 2001, Camp Emanuel began as a children’s camp for children in Romania and the Republic of Moldova. There, God worked in amazing ways through the hearts of those children. We believe that God imbues each child with special gifts and talents that we want to grow and cultivate. At camp, your children will learn new songs, Bible verses, play games, gain courage, and most importantly, learn more about Jesus Christ. All of these activities contribute to the formation of good character. We’ve heard countless testimonies from parents and even school officials, on the positive impact that Camp Emanuel has on the souls of children.

Here at camp, we strive to teach good Christian character today, to ensure great Christian leadership tomorrow.

RULES AND RESPONSIBILITIES

Parents, Read this Together with your Camper and Sign Page 2 of the Application
Citiți împreună cu Copiii Regulile si Semnați Pagina 2 din Aplicație

This year we will have three weeks of camp, in which 10 cabins will each have 10 campers, under the constant responsibility of an adult/counselor.

General Rules – Everyone remains with their designated cabin and counselor at all times. When a staffer’s hand goes up –stop talking immediately. If campers break the rules or act inappropriately, they will be sent home at the discretion of camp leadership, and at the expense of the parent or guardian.

Cabin Rules – Respect the property of others, and keep your clothes and equipment tidy and together.

Dining Rules – All food is to be eaten in the dining hall. You can have seconds, but please don’t waste food. Help your cabin clean and wash the table. Remain at your seat until your entire group is dismissed.

COVENANT HILLS CAMP POLICIES AND GUIDELINES

PACKING LIST:

Sleeping Bag or Bed Linens
Pillow
Toiletries
Beach Towel
Sandals with Ankle Straps (no high heels!)
Sweatshirts or Jacket
Lots of Socks
Gym shoes
T-Shirts
Long Pants
Shorts
Modest Swimsuit (No 2-Piece for Ages 9+)
Bible
Reusable Water Bottle
Flashlight
Insect Repellent
Sunscreen

ITEMS CAMPERS WILL NOT BRING:

No cell phones
(Any phones will be confiscated and kept with staff all week!)
No electronic devices whatsoever
No roller-skates or roller shoes
No magazines
No energy drinks
No expensive clothing and footwear, they will get ruined from activities

DRESS CODE GUIDELINES:

No tight or revealing clothes, no low cut jeans or shirts
Shorts should have at least 3 1/2“ inseam
No loose fitting tank tops, no spaghetti strap tops for females and no muscle shirts for males
No gaps between shirts and shorts/pants
Regular clothes must be worn to and from the waterfront
Females 9+: Modest (non-revealing) 1-piece swimsuits only.
No “Speedo-style” or bikini swimsuits for males.

POLICIES:

As a Closed Campus, NO VISITORS are allowed

Quiet hours are from 10:00pm to 7:00am

No fireworks of any kind are allowed

Obscene language and lewd behavior are prohibited
No fighting and no destruction to other’s or public property

No pranking or hazing allowed

Two feet distance must be maintained between genders
To communicate with kids, parents are to call the Director or Founder ONLY
In the case of an emergency the Director’s or Founder’s cell phones are to be used ONLY

Cabins are determined by date of birth, NO exception