

APPLICATION
Fill out ENTIRELY

CAMP EMANUEL

“Teaching good Christian character today, to ensure great Christian leadership tomorrow”
www.campemanuel.com

Founder & Spiritual Advisor: Grigore Buia Cell: 248 909 2992
Director: Anca Ursu 519 722 8000 anca@campemanuel.com Coordinator: Joseph Buia joe@campemanuel.com
Held at: Covenant Hills Camp 10359 East Farrand Rd Otisville MI 48463 Phone: 810 631 4531

Please send applications to:
2179 Beech Lane
Troy MI 48083

Make checks payable to:
Maranatha International
Ministries

Please Check One:	<input type="checkbox"/> SERIA I	<input type="checkbox"/> SERIA II	<input type="checkbox"/> SERIA III*
Dates	June 17 - 23	June 24 - 30	July 1 - 5
Age	2000 - 2004	1995 - 1999	1994 - Up
Drop Off Time	2:30 PM	2:30 PM	2:30 PM
Opening Ceremony	3:30 PM	3:30 PM	3:30 PM
Pick Up Time	2:30 PM	2:30 PM	2:30 PM
Cost	\$270	\$270	\$210
Late fee after June 1st	\$20	\$20	\$20

*Seria III Applicants Proceed to Page 5

Last Name: _____ First Name: _____ Middle Initial: _____
 Gender: M F Date of Birth: _____ Home Phone: _____ Cell: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Legal Guardian Last Name: _____ First Name: _____

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:
 1. _____ 3. _____
 2. _____ 4. _____

**Campers will not be released to any person unless listed above

ALL questions MUST be answered for campers to be accepted

CAMPERS HEALTH HISTORY RECORD (RULE 127.2)

Personal Physician's Name: _____ Phone: _____
 Insurance Company: _____
 Policy Holder's Name: _____ Policy Group Number: _____
 List any special conditions such as bedwetting, fainting, sleep walking, or allergies camper has (continue on back):

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

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

 List any medications camper takes (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 no, 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 me 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.

Camper's Signature: _____

Parent/Legal Guardian's Signature: _____

**RAMÂNE LA PARINȚI
FOR PARENTS TO KEEP**

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Please Check One:

SERIA 1

SERIA 2

SERIA 3*

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THE MOST MEMORABLE WEEK OF YOUR LIFE



Tabăra de copii Emanuel a început în anul 2001, în urma experiențelor avute în felurite tabere din România și Republica Moldova unde am văzut lucrarea Lui Dumnezeu printre copii. Copii din comunitatea română sunt înzestrați de Dumnezeu cu deosebite talente pe care vrem în continuare să le dezvoltăm în copiii noștri. Copii învață cântări, versete din Biblie, jocuri, curaj, și chair despre România. Toate aceste activități contribuie la formarea al unui bun caracter. Părinții și sistemul școlar sunt impresionați și mulțumiți de impactul pozitiv al taberei în sufletul copiilor.

Cabane: Pentru anul 2011 vom avea 3 serii, fiecare serie va avea 10 grupe de câte 10 copii. Fiecare cabină este în permanență în responsabilitatea unui adult/counselor.

Transportul: Fiecare personal s-au în colaborare cu alte familii.

Direcții: I-75N (I-23N) exit 131 to CLIO M57 Turn RIGHT (go 13 miles) Până la capăt. M-15 turn left (1/3 mile). Turn right on Farrand Rd (1/3 mile) 10350 E.Farrand Rd. OTISVILLE MI. 48463 On LEFT

RULES AND RESPONSABILITIES TO POST IN CABINS

Citiți împreună cu copiii regulile și semnați pagina 2 din aplicație

General Rules

1. Everyone remains in their own cabin areas
2. When you hear the emergency signal, immediately stop what you are doing and gather at the signal
3. Place all paper and trash in the proper trash cans

Outside Rules

1. Stay with your group
2. Listen to your leader
3. Respect wildlife and plants. Do not cut or tear shrubs, branches or trees
4. Ball throwing only in the designated areas and during scheduled times

Cabin Rules

1. Keep all your clothes and equipment together
2. Keep your bunks made up and neat
3. Keep your cabin clean at all times
4. Respect the property of others
5. No food of any kind is permitted in the cabin

Dining Rules

1. Only the completed group will enter into the mess hall
2. Use your best table manners
3. Take as much as you want—but eat all that you take (you may have seconds)
4. Remain at your seat until the entire group is dismissed
5. All food is to be eaten in the mess hall
6. Help clean-off and wash-off your table

When a staff's hand goes up –
STOP TALKING!

Campers will be sent home at the expense of the parent or guardian if they break the rules and/or other misconduct at the discretion of camp leadership.

COVANTEN HILLS CAMP POLICIES AND GUIDELINES

WHAT TO BRING

- Bed linens, blanket or **sleeping bag, pillow**, toiletries, beach towel
- Jacket or sweatshirts for cool mornings and evenings, **lots of socks**, gym shoes, tee shirt, long pants and shorts, swimsuit (modest, no 2 piece suits for ages 9 and up)
- **Bible, water bottle**, a flashlight, insect repellent and sunscreen

ITEMS PARTICIPANTS **DO NOT** BRING

- No electronics (radio, CD's and headphones, portable TV's and video games, game boy, iPod, iPad, laptop)
- No Cell phones, pagers, roller-skates or roller shoes, no magazines, no expensive clothing and footwear.

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 girls and no muscle shirts for boys
- No gaps between shirts and shorts/pants

- Regular clothes must be worn to and from the waterfront
- No bare-midriff or revealing one-piece swim suits for girls over age 9
- No "Speedo-style" or bikini swimsuits for males

POLICIES:

- 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
- 2 feet distance in between boy and girl
- Youth must be respectful and listen to leaders
- To communicate with kids, parents are to call the Director or Founder **ONLY**
- In the case of an emergency at camp, the Director's or Founder's cell phones are to be used only
- Groups are determined by date of birth, no exceptions

F O R S E R I A 3 O N L Y

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Why are you coming to camp? Before you consider coming to camp, consider what it is and isn't. Even more so, ask the big WHY. If you don't see the chance to disconnect from everything including your cell phone for a week an awesome opportunity to REFLECT, RECHARGE, and MEET CHRIST like never before, you might want to reconsider. It's not about how bad you're situation is, it's what you want to get out of this week that matters.

Last Name: _____ First Name: _____ Middle Initial: _____
Gender: M F Date of Birth: _____ Home Phone: _____ Cell: _____
Address: _____ Email: _____
Parent/Legal Guardian Last Name: _____ First Name: _____

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CAMP REGULATIONS

- 01 The purpose for this week is for you to have minimum distractions while focusing on growing your relationship with God. It is getting to know Him on a deeper level and learning how to continue growing even after camp. This week, fellowship outside of the lesson plan should be kept at a minimum, especially with the opposite gender.
- 02 You may NOT leave the closed campus of Covenant Hills Camp without notifying the director. For legal purposes this rule must be followed, NO EXCEPTIONS.
- 03 Friends and family who have not registered to be at camp may NOT visit without a 24-hour notice given to the director. These visits may not last more than half a day; NO over night stays. Visitors are responsible to pay for their meals.
- 04 Please see page 4 of application to review what to bring and what not to bring at Camp Emanuel.

By signing below you agree to make a conscious effort to minimize all external distractions during devotions, group discussions and chapel. Also, by signing below, you voluntarily agree to follow all rules listed above, on page 4, and those stated at Camp Emanuel. You will respect the requests of the staff and all volunteers at Camp Emanuel and Covenant Hills.

Signature: _____ Date: _____