



MICHIGAN STUDENT LEADERSHIP
**Summer
Camp**

THE OFFICIAL 2017 STUDENT REGISTRATION FORM



High School Summer Leadership Camp - Albion College Sunday, July 23 through Friday, July 28

[This camp is for any Michigan High School student ENTERING the 9th, 10th, 11th, or 12th grade]

MASC/MAHS Michigan Student Leadership
1001 Centennial Way, Suite 100, Lansing, Michigan 48917
p: 517.327.5315 | f: 517.327.5360 | info@mascmahs.org | mascmahs.org



This form **must be signed by hand**. It can be returned via mail, fax or to: info@mascmahs.org. Please make sure to **complete the information on all four pages**. Questions? Please contact our office!

PART I - STUDENT INFORMATION

First Name: _____ Birthdate: _____

Last Name: _____ Female Male

Home Address: _____

City: _____ State: _____ ZIP: _____

School: _____
(Please use the school's full name)

PARENT Email: _____

(NOTE: Email is the primary mode of communication about camp. Please use an address that is checked often.)

Parent Contact #: _____ Secondary Contact #: _____

Cell Home Other: _____ Cell Home Other: _____

Your grade for the coming school year (Fall 2017): 9th 10th 11th 12th

Is 2017 your first, second, third or fourth year of *this* camp? first second third fourth

T-shirt Size: (NOTE: These are adult sizes only.) S M L XL 2XL 3XL



PART II - MEDICAL INFORMATION

Student's Name: _____ Birthdate: _____

Payment for treatment is: Personal payment Insurance: _____
(Please provide carrier's business name)

Carrier's Address: _____

Policy Number: _____ PPO HMO Medicaid

Policy Holder's Name: _____ Policy Holder's Birthdate: _____

Primary Doctor: _____ Phone #: _____

List current medical conditions/disabilities: _____

List medications currently taking (including dosage and frequency): _____

Allergies to medications, food, materials, etc: _____

Any relevant past surgeries, hospitalizations, injuries we need to know about? No Yes (Explain.)

Over-the-counter medications that should NOT be given? No Yes: _____

I agree that licensed health care staff and camp administrative team members may provide my student with the following medications (or their generic versions) if necessary:

Tylenol Advil/Motrin Benadryl Antacids/Tums NONE

Parent/Guardian #1 Contact:

Name: _____

Day Phone #: _____

Evening Phone #: _____

Parent/Guardian #2 Contact:

Name: _____

Day Phone #: _____

Evening Phone #: _____

Alternate Emergency Contact (not a parent/guardian):

Name: _____

Primary Phone #: _____

Relationship to Student: _____



Our code of conduct is based on a simple premise: be a leader. As a participant at one of the largest camps in Michigan, many will look to you to be a positive role model – we believe in you! **If you are ready to be that kind of student leader, please completely fill-out and sign this form. Students who do not complete the form in full will not be allowed to attend MASC/MAHS Michigan Student Leadership Summer Camp.**

PART III - STUDENT BEHAVIOR GUIDELINES

Respect For Others: Personal or group action which may infringe on the rights of others does not demonstrate responsibility. Students are expected to act in a responsible manner that will reflect well on themselves, their school and the MASC/MAHS Michigan Student Leadership Summer Camp.

Appropriate Behavior/Attire: The policy of MASC/MAHS Michigan Student Leadership Summer Camp prohibits any verbal or physical contact and/or the display of printed materials (including t-shirts) that is perceived as hostile or inappropriate. "Short" shorts, exposed midriffs or anything of similar style is also prohibited. Students will be asked to change into something more appropriate. *Rule of thumb: If you aren't sure, don't wear it!*

After Lights Out: All students are expected to be in their rooms and ready for bed after lights out. No student should leave his/her room after curfew except in the case of an emergency (i.e., to report to a staff member that they or another student are ill).

Rooms: Students are to sleep in the rooms to which they have been assigned so they can be located by the staff in case of an emergency. The goal of MASC/MAHS Michigan Student Leadership Summer Camp is to meet new people and learn new things. Therefore, room assignments are made on a random basis with *some* consideration for students from the same school. Students of the opposite gender are not allowed in each another's rooms. This is strictly enforced. Albion College also would like students to know that should you lose your room key, there is a charge to the college for replacement that must be paid upon checkout.

Drinking, smoking and/or the use of drugs is prohibited while attending camp – regardless of the age of the individual:

- Students will understand that MASC/MAHS Michigan Student Leadership Summer Camp is a school activity. School rules will apply.
- It affects the safety and health of the campers and creates a negative atmosphere.
- It is against the law. We are a public institution and we must abide by the law.
- The actual reporting or rumors of such activity will have an adverse or even fatal effect on the workshop's operation.

Consequences: If a student is found to be violating these policies, the Director will ask him/her to leave. There will be no refunds. Violators of these policies will be asked to call home in the presence of the Director to explain the reasons for leaving. In addition, the Director will inform the adviser and/or principal since the school has a vested interest in the attendance of their campers.





PART IV - PAYMENT INFORMATION

Please note that a **\$100 deposit is due by July 1, 2017**. Your balance is due no later than the first day of camp and can be paid on-site. Checks may be made payable to *MASSP Student Leadership*. Please list the student's name on the memo line. You may include credit card information on this form below to conveniently pay for camp, but, a credit card is not required.

Amount to Charge: _____ **VISA** **MasterCard** **DISCOVER** **AMERICAN EXPRESS**

Card #: _____ Billing ZIP: _____

Exp: ____ / ____ CVV: _____   **IMPORTANT: Please check this box if the student has been awarded a SET SEG Scholarship**

Signature: _____

NOTE: Schools electing to pay on behalf of students should accompany this form with a school check or call in a credit card number. Schools should also include a list of all students covered by the payment and the amount being paid for each student.

PART V - AGREEMENTS AND PERMISSIONS

Please read all of the statements below. Questions? Contact MASC/MAHS Michigan Student Leadership.

Medical Permission:

I, the parent/legal guardian of _____ authorize MASC/MAHS Student Leadership to obtain emergency medical care for my child in the event such care is necessary. I understand that, when possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release MASC/MAHS Michigan Student Leadership, MASSP, its employees and agents from any damages, liability or loss resulting from securing in good faith medical care for my child.

Financial Commitment:

By signing this form, and registering for the 2017 MASC/MAHS Michigan Student Leadership Summer Camp, I certify that I have read and understand the outlined cost, cancellation and payment policies. **I understand that participants who cancel without a written substitution after July 1, 2017 will forfeit the deposit amount and be held liable for the total cost of attending camp.** Payments made through schools or clubs/ organizations should be discussed with the principal/adviser prior to registration.

Photo Release:

I authorize MASC/MAHS Student Leadership (and any of its partners or affiliates) to use photographs and digital images from the event in future website features, promotional materials, or future publications in a safe and tasteful manner and also identify my student by first name. I understand that if I decline this release, no images of my student will be used. **DECLINE**

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Student Signature: _____ Date: ____ / ____ / ____