



2020 CADET INTERNATIONAL CAMPOREE

CAMPER REQUIREMENTS AND ADDITIONAL REGISTRATION INFORMATION

▲ Date

July 22–29, 2020

▲ Place

Michigan's Upper Peninsula
Rudyard, MI

▲ Costs/Due Date

\$375 (US) / \$499 (CAN)

Registrations are due April 1, 2020*

* Registrations postmarked after April 1 must add \$25.00 late fee. Add \$10 to stay at camp on July 21 (pre-camporee fee and meals).

▲ Passports

Any non-US citizens will need passports for any air travel to and from the USA. There are other options available for Canadians if you're driving across the border. Be sure your counselors and cadets who want to attend the camporee apply early for the correct citizenship documentation for travel.

REQUIREMENTS

▲ If registering as a **Cadet**, you must:

- have parent/guardian permission
- complete the registration form, including health history and ALL signatures.
- have club approval
- have paid the registration fee
- be 11 years old on or before December 31, 2020 (no exceptions)
- have earned the Camporee Certification Award which includes ...
 1. completing the Camporee Certification Course
 2. earning four merit badges — Knots and Lashing, Axemanship, Fire Building, and Camp Cooking; or in place of all four of the badges, earn the Woodsman Guide Trail

▲ If registering as a **Jr. Counselor**, you must:

- have parent/guardian permission
- complete the registration form, including health history and ALL signatures
- have paid the registration fee
- be 15 years old on or before December 31, 2020
- have completed the **counselor** section of the Camporee Certification Course
- have completed the Junior Counselor Certification Course
- have club approval: demonstrated leadership ability at the club level and be approved by your local club's head counselor
- live a life that displays that Jesus Christ is Lord of your life

▲ How to Register

Register online at camporee.calvinistcadets.org

OR

1. Fill in the registration form. Make sure it is properly signed in all applicable spaces. Include the appropriate registration fee and a **copy of your Camporee Certification Award form**. (Checks payable to Cadet Camporee 2020)
2. Complete the contact information and health history parts of the registration form. A doctor's physical is not required. However a **tetanus immunization is required**.
If possible, list the name of a counselor you know who is attending the camporee as one of the people your child may be released to, if you are unavailable.
3. Mail to Camporee 2020, 1333 Alger SE, Grand Rapids, MI 49507. Email to: info@CalvinistCadets.org. Registrations are due April 1, 2020 (postmarked). Late registrations accepted with late fee of \$25.00.

▲ Equipment List

A list of required, optional, and prohibited equipment will be mailed to each registrant in June. These lists will also be available on the Cadet Corps website.

▲ Special Note

Campers are committed to stay the entire week. They must be in camp by noon on July 22, and only in emergency situations will the camp director determine that a camper may leave before noon on July 29.

▲ Cancellations

Cancellations must be received in writing at the Cadet office, by mail: 1333 Alger SE, Grand Rapids, MI 49507, or email: info@CalvinistCadets.org.

Refund policy: Full refund, if request is received prior to April 1. A \$100 refund if request is received between April 1 and June 1. No refunds after June 1, except for special situations determined by the camporee chairman.

▲ Help is Available

Cornel Rylaarsdam saw the potential that international camporees have of affecting a boy's life. Before he passed away in April 2004, he arranged to set up a fund that would help make it possible for boys and men to participate in a camporee experience, even if they can't afford to. Limited funds are available for such individuals. If you believe yours is a special case, complete an application for the Cornel Rylaarsdam Memorial Fund. It is available on our website (www.calvinistcadets.org/CornelRylaarsdam.php) or by contacting Cadets, 1333 Alger SE, Grand Rapids, MI 49507; phone: 616-241-5616, ext 4; or email: info@CalvinistCadets.org. **Applications for assistance are due by March 1, 2020.**

To stay up to date on information, head to the camporee website:

camporee.calvinistcadets.org

CADET/JR. COUNSELOR REGISTRATION FORM

Mail to: Camporee 2020, 1333 Alger SE, Grand Rapids, MI 49507

Email to: info@calvinistcadets.org

Due Date: POSTMARKED BY APRIL 1, 2020



PRINT OR TYPE — COMPLETE ALL THREE PAGES OF FORM

FIRST NAME	MIDDLE INITIAL	LAST NAME
STREET ADDRESS		
CITY	PROVINCE/STATE	POSTAL/ZIP CODE
PHONE ()	BIRTHDATE (MONTH/DAY/YEAR) / /	
E-MAIL ADDRESS		
CLUB NUMBER	CLUB (CHURCH) NAME	COUNCIL

CIRCLE YOUR SHIRT SIZE **Adult: S M L XL 2XL 3XL**

PLEASE CIRCLE PAST CAMPOREES ATTENDED: **17 14 11**

*ARRIVING AT CAMPOREE ON TUESDAY?

If you need to arrive at the campsite on Tuesday, please check the pre-camp box, and include \$10.00 with your registration fee. We will send you a pre-camp pass that will entitle you to spend Tuesday night on site. It will also provide you with the extra supper and breakfast. If you don't check this box and include the fee, you may not be on site until July 21. Each individual coming early must check the appropriate option, even if traveling with a group.

REGISTRATION FEES

- \$375 (US) / \$499 (CAN)**
- \$25 LATE FEE** (POSTMARKED AFTER 4/1/2020)
- \$10 PRE-CAMP STAY/MEALS FEE***

YOUR REGISTRATION FEE MUST ACCOMPANY THIS FORM

Check/Money Order attached
(checks payable to Cadet Camporee 2020)

Charge my credit card:
Mastercard / Visa / Discover

CARD NO.

EXP. DATE

CVV CODE

SIGNATURE

PRINTED NAME AS APPEARS ON CARD

BILLING ADDRESS IF DIFFERENT THEN ABOVE

Registration is invalid without specified signatures. You must register as either a Cadet or Jr. Counselor.

CADET

- Camporee Certificate provided for 2017 Camporee
- Camporee Certificate attached OR Camporee Certificate will be sent by (date) _____

This registrant is an active member of our club and has successfully completed the Camporee Certification Course, including earning the required merit badges or guide trail.

COUNSELOR'S SIGNATURE

DATE

PRINT COUNSELOR'S NAME

JUNIOR COUNSELOR

- Camporee Certificate attached OR Camporee Certificate will be sent by _____
- I am Junior Counselor Certified (attach proof)

Have you ever been convicted of anything other than a minor traffic violation? No Yes — If yes, please explain

Do you have skills or certification in any of the following areas?

- Standard First Aid / CPR Training
- Life Guarding

Organization

Expiration Date

This registrant is an active member of our club and has displayed leadership ability, shows by his actions that Jesus Christ is Lord of his life, and has completed the **Junior Counselor Certification Course** and the **counselor** section of the Camporee Certification Course.

HEAD COUNSELOR'S SIGNATURE

DATE

PRINT COUNSELOR'S NAME

Full Name: _____

ASSUMPTION OF RISK AND RESPONSIBILITY

- The registrant named on this registration form has my permission to attend the 2020 Cadet International Camporee in Michigan. I have read the requirements for camporee attendance and to the best of my knowledge the registrant meets these requirements.
- I certify that the information on this form is true to the best of my knowledge. As legal parent or guardian, I understand that every effort will be made to contact me, but do hereby give permission for camporee medical staff or any licensed physician to render emergency medical care to my son in the event of a medical emergency.
- I hereby release Dynamic Youth Ministries and the Calvinist Cadet Corps, its agents, employees, volunteers, and other parents from any liability for any claims of damages or injury to my child or my child's property. I understand that by signing this agreement, I absolve the Calvinist Cadet Corps, its agents, employees, volunteers, and other parents for any liability for any claims of damages or injury to my child and my child's property, for any injury or damages that may occur, including serious injury and death. I also covenant and agree not to sue Dynamic Youth Ministries and the Calvinist Cadet Corps, its agents, employees, volunteers, and other parents for any liability for any claims of damages or injury to my child and my child's property. I have read this release and covenant not to sue. I understand it and agree that I am bound by its provisions.
- I give permission for photographs or videotapes of my child to be used by the Calvinist Cadet Corps for promotional purposes.

I have read the Cadet Camporee information above and agree to the terms of the assumption of risk and responsibility.

PARENT/GUARDIAN'S SIGNATURE

DATE

CADET OR JUNIOR COUNSELOR'S SIGNATURE

DATE

PRINT PARENT/GUARDIAN'S NAME

FAMILY CAMPING / SUNDAY VISITORS

Family camp will be located at Mackinaw Mill Creek Camping in Mackinaw City, MI. Transportation will be available from family camping to the camporee site for Sunday worship service and lunch.

For more information: <https://www.campmackinaw.com/>
 office@campmackinaw.com
 (231) 436-5584

- Number of people camping at Mill Creek who need transportation on Sunday to the camporee worship service and lunch: _____ riders & lunch guests
- Not camping? Visitors are encouraged to attend the Sunday morning worship service and have lunch at the camporee site. I would like reservations for _____ guests.

INSURANCE INFORMATION

INSURANCE PROVIDER

POLICY/OHIP #

EMERGENCY CONTACT INFORMATION

PARENTS/GUARDIANS			
FIRST NAMES	LAST NAME		
STREET ADDRESS			
CITY	PROVINCE/STATE	POSTAL/ZIP CODE	
CELL PHONE ()	WORK PHONE ()		
E-MAIL ADDRESS			
RELATIONSHIP TO CAMPER			
AT CAMP OR CAMPING NEARBY? IF SO, WHERE?			

CONTACT #2:			
FIRST NAME	LAST NAME		
STREET ADDRESS			
CITY	PROVINCE/STATE	POSTAL/ZIP CODE	
CELL PHONE ()	WORK PHONE ()		
E-MAIL ADDRESS			
RELATIONSHIP TO CAMPER			
AT CAMP OR CAMPING NEARBY? IF SO, WHERE?			

PERSONS OTHER THAN ABOVE TO WHOM CHILD MAY BE RELEASED IN EMERGENCY (RECOMMENDED TO LIST ADULT(S) TRAVELING WITH CHILD)			
NAME	RELATIONSHIP TO CAMPER	PHONE	AT CAMP?
NAME	RELATIONSHIP TO CAMPER	PHONE	AT CAMP?
NAME	RELATIONSHIP TO CAMPER	PHONE	AT CAMP?

HEALTH HISTORY

Full Name: _____

SPECIAL CONDITIONS	YES	NO		YES	NO
Hay fever, asthma, or wheezing			Trouble with passing urine or bowel movements		
Eczema or frequent skin rashes					
Convulsions/seizures			Shortness of breath		
Heart trouble			Speech problems		
Diabetes			Dental problems		
Frequent colds, sore throats, ear aches (four or more per year)			High sensitivity to poison ivy		
			Other		

OTHER — such as bed-wetting, fainting, sleepwalking, history of emotional or behavioral issues, etc. **Please Explain.** Add separate sheet if necessary.

SPECIAL DIETARY NEEDS — such as a gluten, lactose, or nut intolerance, diabetic. **Please explain.**

ALLERGIC REACTIONS to medications, food, or environmental factors: **★ EPIPEN REQUIRED?**

ALLERGY	REACTION	TREATMENT	YES	NO

★ NOTE: Bring your own EpiPen(s) if required.

<p>DATE OF MOST RECENT TETANUS IMMUNIZATION REQUIRED:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="color: red; font-size: small;">You must fill in this box and date must be after 7/29/2010</p> </div>	<p>Has camper received standard childhood vaccines and immunizations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no explain: _____</p>
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MEDICATION (List all. Add separate sheet if necessary. Medications must be in their original containers.)

MEDICATION	DOSAGE	FREQUENCY

ACTIVITY RESTRICTIONS No Yes If yes, explain degree of restriction.

OPERATIONS OR INJURIES

OTHER — list anything else you think should be passed on the boy's cadre counselor and the camporee staff.