

2020 CADET INTERNATIONAL CAMPOREE

CADRE COUNSELOR 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.

▲ To register as a Cadre Counselor, you must:

- be an active counselor
- complete the Counselor Certification Course
- complete the registration form, including health history and ALL signatures
- fully complete and submit all necessary background check information
- pay the registration fee
- complete the counselor section of the Camporee Certification Course
- have club, church, Cadet council, and steering committee approval
- 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.**
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: A 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 the camporee website (camporee.calvinistcadets.org) or by contacting Cadets, 1333 Alger SE, Grand Rapids, MI 49507; phone: 616-241-5616, ext 4; or e-mail: 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**

2020 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 08
 05 02 99 96 93 90 87 84 81 78 75 72 69 66

<p>*ARRIVING AT CAMPOREE ON TUESDAY?</p> <p>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.</p>	<p>REGISTRATION FEES</p> <p><input type="checkbox"/> \$375 (US) / \$499 (CAN)</p> <p><input type="checkbox"/> \$25 LATE FEE (POSTMARKED AFTER 4/1/2020)</p> <p><input type="checkbox"/> \$10 PRE-CAMP STAY/MEALS FEE*</p>
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YOUR REGISTRATION FEE MUST ACCOMPANY THIS FORM

<input type="checkbox"/> Check/Money Order attached <i>(checks payable to Cadet Camporee 2020)</i>	<input type="checkbox"/> Charge my credit card: <i>Mastercard / Visa / Discover</i>	
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.

Camporee Certificate attached **OR** Camporee Certificate will be sent by _____

Counselor Certification date _____

Are you first aid certified? Yes No

I have read the 2020 Camporee assumption of risk and responsibility statement (on next page) and agree to the terms stated.

COUNSELOR'S SIGNATURE	DATE	PRINT COUNSELOR'S NAME
This registrant is an active member of our club and has displayed leadership ability. He shows by his actions that Jesus Christ is Lord of his life. (Signers must not be relatives of the registrant and no one person may sign more than one category.)		
FELLOW COUNSELOR'S SIGNATURE	DATE	PRINTED NAME
CHURCH BOARD MEMBER'S SIGNATURE	DATE	PRINTED NAME
COUNCIL MEMBER'S SIGNATURE <i>(OR SECOND FELLOW COUNSELOR IF INDEPENDENT CLUB)</i>	DATE	PRINTED NAME

Full Name: _____

ASSUMPTION OF RISK AND RESPONSIBILITY

- I have completed the Camporee Certification Course. (If this is your first time at an international camporee as a cadre counselor, include original or copy of certificate from your Camporee Certification Course Handbook, or indicate when it will be sent.)
- I certify that the information on this form is true to the best of my knowledge. I hereby give permission for the camporee medical staff or any licensed physician to render emergency medical care to me in the event of a medical emergency.
- I am an adult counselor attending the 2020 Cadet International Camporee. I hereby release Dynamic Youth Ministries and the Calvinist Cadet Corps, its agents, employees, volunteers, and other campers from any liability for any claims of damages or injury to me or my property. I understand that by signing this agreement, I absolve the Calvinist Cadet Corps, its agents, employees, volunteers, and other campers for any liability for any claims of damages or injury to me and my 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 campers for any liability for any claims of damages or injury to me and my 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 me to be used by the Calvinist Cadet Corps for promotional purposes.

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

CONTACT #1			CONTACT #2:		
FIRST NAME	LAST NAME		FIRST NAME	LAST NAME	
STREET ADDRESS			STREET ADDRESS		
CITY	PROVINCE/STATE	POSTAL/ZIP CODE	CITY	PROVINCE/STATE	POSTAL/ZIP CODE
CELL PHONE ()	WORK PHONE ()		CELL PHONE ()	WORK PHONE ()	
E-MAIL ADDRESS			E-MAIL ADDRESS		
RELATIONSHIP TO CAMPER			RELATIONSHIP TO CAMPER		
AT CAMP OR CAMPING NEARBY? IF SO, WHERE?			AT CAMP OR CAMPING NEARBY? IF SO, WHERE?		

HEALTH HISTORY

SPECIAL CONDITIONS — such as allergies, fainting, sleepwalking, history of emotional or behavioral issues, highly sensitive to poison ivy, etc. Please explain.

Full Name: _____

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

OTHER MEDICAL CONDITIONS – Please Explain.

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.

DATE OF MOST RECENT TETANUS IMMUNIZATION REQUIRED:

You must fill in this box and date must be after 7/22/2010

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

Full Name: _____

BACKGROUND CHECK

Background checks and all supporting documents are mandatory for all adults attending camporee. If you do not submit ALL documents and forms, you will not be eligible to attend camporee. Please fill out the below information based on location.

Michigan Residents

Drivers License number: _____

Have you ever been convicted of anything other than a minor traffic violation? No Yes

If yes, please explain and provide necessary documentation.

Do you give the Calvinist Cadet Corps permission to run a full background check? No Yes

Fill out the form on page 16 and submit with registration TO CORPS OFFICE.

Non - Michigan Residents

Have you ever been convicted of anything other than a minor traffic violation? No Yes

If yes, please explain and provide necessary documentation.

Submit a police background check with registration

Fill out the form on page 17 and submit with registration

Request for Central Registry Clearance Children's & Adult Foster Care Camp Staff/Volunteer

Instructions: **ALL fields must be completed and legible for processing.**

Complete the following information and submit request to:

**Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
P.O. Box 30664
Lansing, MI 48909**

Toll Free: 866-685-0006 Fax: 517-284-9709

A clear copy of the employee's/volunteer's picture identification **MUST** be attached.

PRINT FULL NAME (Last, First, Middle):

Maiden Name/AKA (Also Known As)/Other Names Used (First or Last):

Date of Birth:

Social Security Number:

Signature:

Licensing Rules for Children's and Adult Foster Care Camps R400.11109 (7) (f) states in part; A camp shall maintain a personnel record.....The record shall include "Documentation from the Michigan Department of Human Services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that any staff person age 21 or over has not been determined to be a perpetrator of child abuse or child neglect."

Indicate below how you want to receive the results of the central registry clearance. The results will be mailed **ONLY to the address on your attached picture identification or the camp's mailing address:**

Results mailed to the address on my
attached picture identification.

OR

Results mailed to the Camp at:

Address:

Camp Name/Attention/Address:

Phone: _____

Phone: _____

The camp will **ONLY** receive response of **NO** central registry if the name being cleared has approved this request with their signature. The camp will not receive notification if the name submitted has any central registry history hits per CPL 722.627. This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722-627-722-627). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

SELF-CERTIFICATION STATEMENT OUT-OF-STATE CLEARANCES

Children's & Adult Foster Care Camps
Michigan Department of Licensing and Regulatory Affairs

SELF-CERTIFICATION STATEMENT

For licensees, applicants, program directors, administrators, staff members or volunteers who do not live in the State of Michigan and where information from other States or Countries is not forthcoming.

I, _____, hereby certify in good faith to the fact that
(Print Name)
while I have lived in the State(s) or Country(ies) of _____

1. I have not had a complaint of abuse and/or neglect of children or adults substantiated against me by any protective services agency or law enforcement agency having the proper jurisdiction to investigate complaints of abuse or neglect of children or adults.

AND

2. I have not been named in any petition which is/was pending before a civil or criminal court of competent jurisdiction (i.e., juvenile or criminal court) for any allegations or offense charges of abuse and/or neglect of children or adults.

AND

3. I have not been convicted of any type of civil or criminal offense (other than minor traffic violations) while living in the above named State(s) or Country(ies).

I certify that the information provided on this form is, to the best of my knowledge, true and accurate.

Signature: _____

Witness: _____

Date: _____