

Moonshadow Bike Camp Registration Packet

Select a Camp Date:

Girls Intermediate	Boy Intermediate	Girls Advanced
<input type="checkbox"/> June 27 th – July 3 rd	<input type="checkbox"/> July 4 th – July 10 th	<input type="checkbox"/> August 1 st – 7 th

Students Name: _____

Deposit payment due: Upon Application

Final payment due: No later than two weeks prior to the beginning of camp

- * Welcome to this summer's Moonshadow Bike Camp. This letter serves as a reminder sheet for what you need to do prior to attending your session.
- * Each student and parent must read the bike camp guidelines and sign the bike camp contracts acknowledging and accepting the guideline contents.
- * Turn in the Medical Information Card and include copies of the insurance information.
- * Sign and turn in the Delegation of Parental Powers form.
- * Look at the equipment list and prepare personal items for camp. You possibly may not use everything on the required list, but it answers to the variety of weather conditions that may occur during your stay.
- * Have a good, operating multi-speed bicycle. This includes gears that shift well, brakes that stop the bike, lubricated chain, non-slipping bike seat, and good tires. We do regular maintenance on bicycles, but are not equipped to do major repairs. A water bottle rack attached to the bike frame is strongly recommended.
- * Have a bike helmet that is comfortable and correctly sized.
- * Plan to attend the bike camp meeting that will be scheduled this spring at the Rudolf Steiner Lower School campus. Students are invited to attend. Maps and directions to the camp will be provided at this time. Transportation issues can also be discussed. Anyone from out of state will have information from this meeting mailed to them. You will be contacted when this meeting date is determined.
- * Contract and health forms may be submitted prior to, or at the meeting you attend. This information is required in order to attend the camp. An initial down payment of \$50 should accompany these forms. Final payment is due at least two weeks prior to the start of the camp date your child will attend.

Questions regarding the camp can be directed to Ron Zang. Leave a message at the Rudolf Steiner Lower School, (734) 995-4141, or e-mail him at: ronzang@campmoonshadow.com

STUDENT CONTRACT—Bike Camp 2010

I understand that by traveling with my class, I am representing my school, community, and The Moonshadow Camp. I will be polite and considerate to all individuals I encounter on the trip. I will not endanger myself or anyone else. I will follow the American law, school policy, camp guidelines/rules, and the directions of the chaperones at all times. I will participate in all required activities, and will abide by the curfew. I will not leave the camp or any of the destinations without a chaperone. I understand that the assigned camping arrangements are to be occupied by the assigned students only.

I understand that the use, sale, purchase, or possession of drugs, alcohol, and tobacco is absolutely forbidden. I understand that if I violate this rule or contract, I will be sent home immediately at my parents' expense.

I have read the Moonshadow Bike Camp Guidelines and understand the content and rules.

Signature

Date

PARENT CONTRACT—Bike Camp 2010

We (I) have read the contract above and discussed it with my son or daughter. We (I) agree to pay all travel expenses if my child needs to be sent home early. We (I) agree to release the Rudolf Steiner School and its faculty and staff from any and all claims, including claims for negligence, arising from or relating to my son or daughter's participation in this trip, including claims for injury, loss, damage, or expense resulting from accident, war, disaster, sickness, quarantine, terrorism, or government restrictions. We (I) also agree to indemnify the Rudolf Steiner School and its faculty and staff, and hold them harmless, of and from all released claims and all resulting actual attorneys fees and costs, settlements, judgments, interest and bonds. We (I) authorize the chaperones to seek medical treatment for my student if they deem it necessary.

We (I) understand that we (I) assume all financial responsibility for my student's expenses. There is no guarantee of full or partial refund if my student withdraws from the trip, or if the trip is cancelled after monies have been paid.

I understand the camp is located at 10875 Oviatt Road, Honor, Michigan and is affiliated with the Rudolf Steiner School of Ann Arbor Bike Camp Program. I will arrange for transportation for my child. I will complete the required health form. I will provide camping equipment as stipulated on the Equipment List for my child. I have read the Moonshadow Bike Camp Guidelines and understand the content and rules. I have also reviewed the guidelines with my child and have made sure my child understands the content and rules.

Parent Signature

Date

Parent Signature

Date

DELEGATION OF PARENTAL POWERS

We _____, of _____, Michigan, desire to leave our minor child, _____, in the care and custody of The Rudolf Steiner School of Ann Arbor, and its designated chaperones, for its Moonshadow Bike Camp 2010 trip, as our attorneys-in-fact. We give our attorneys-in-fact full powers as a substitute to do anything and everything required for the child’s care, custody, and or property, including, but not limited to the following:

1. Give parental consent to any medical care, diagnosis, surgical procedure, and/or other treatment of any type or nature;
2. Give parental consent to any dental procedure;
3. Give parental consent for the admission to any hospital or medical center;
4. Give parental consent to the use of any drugs, medication, therapeutic devices, or other medicines or items related to the child’s health;
5. The power in general to take and authorize all acts with respect to our child’s care, custody, and property and to expand all amounts in connection therewith; and
6. In general to do all acts and things necessary, either particularly or generally described, as fully as we could do ourselves if personally present with respect to medical treatment and care for our child.

Our child’s doctor is: _____

Hospital and medical records concerning our child are located at: _____ Hospital _____ (Hospital Phone).

Our medical/hospital insurance carrier is _____, and our policy number is _____, Group _____.

This Delegation of Parental Powers is given pursuant to Act No. 51 of Michigan Public Acts of 1979, and this power expires on: _____

A photo static copy of this document shall be considered as valid as the original.

We have signed and delivered this Delegation of Parental Powers this ____ day of _____ **2010**.

WITNESSES:

(Parent Signature)

(Date)

(Parent Signature)

(Date)

Today's Date: _____

Trip Name: _____

Medical Information Card

Child's Name (Last, First, Middle): Nickname:	Gender: DOB:	Insurance Information: Medical Coverage: _____ Dental Coverage: _____ Vision Coverage: _____
Current Medications with dosage: Allergies: (type/severity/treatment) Date of last tetanus shot:		Primary Care Physician Name: Phone: After hours pager/phone:

First Parent/Guardian	Second Parent/Guardian
Relationship:	Relationship:
Parent Name:	Parent Name:
Please attach a copy of your family's health/dental/vision card(s).	Please attach a copy of your family's health/dental/vision card(s).
Contact Information: Home Cell Business	Contact Information: Home Cell Business

Person other than parent to be notified in emergency situation: Name Home Phone Cell Phone Bus. Phone	Does your child have: <input type="checkbox"/> insomnia/sleeping disorder _____ <input type="checkbox"/> phobias _____ <input type="checkbox"/> physical challenges _____ <input type="checkbox"/> emotional challenges _____ <input type="checkbox"/> special health conditions _____ Would you like to have a telephone conference with a chaperone? <div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>

PLEASE CHECK/COMPLETE THOSE THAT ARE APPLICABLE FOR YOUR CHILD AND SIGN YOUR NAME.

No medications: _____ Only homeopathics: _____ Tylenol: _____ Ibuprofin: _____ Melissengeist: _____
 Oral Arnica: _____ Rescue Remedy: _____ Asthma: _____ Other (Please Specify): _____
 Notes: _____

Date: _____ Signature of First Parent or Guardian: _____

Date: _____ Signature of Second Parent or Guardian: _____

Moonshadow Bike Camp Guidelines, Contracts & Delegation of Parental Powers

General Rules

As we travel to our destination each day we represent the Rudolf Steiner School of Ann Arbor. Students are to behave in a polite and considerate manner of everyone with whom we come in contact.

Each student is to stay with his/her designated group. No student is ever to travel any place alone. No student is to leave the campground/farm or from places we travel to by bike except with a chaperone or chaperoned group.

Each is to fully participate in all activities of the trip, when such activities are designated or required for everyone. Students are to protect their own valuable items while respecting those items that belong to others. The student assumes full responsibility for all valuable items taken on the trip. Alcohol, drugs, tobacco products and electronic devices are not allowed at camp.

Students must follow instructions or requests by group leaders or chaperones, so that everyone's safety and well being is assured.

At all times students are to conduct themselves appropriately with regard to the safety of themselves and of others. Any student behaving in an irresponsible manner, which jeopardizes the safety of anyone, will be subject to being sent home immediately, and at parent expense.

Travel

Parents are responsible for getting students to and back from the camp. The Rudolf Steiner School of Ann Arbor is not liable for any accident or health related incident during these times.

Camp

Robb Bollenberg and Jeanne Strathman, owners of the farm, are not liable for any accident or health-related incident during the time students are on their property. Bike Camp personnel will always be close by or present with the students. We can be reached by phone or by fax any time while we camp.

Each student is to help and maintain his or her personal space, and that of the camp. Curfew is to be followed by each student.

Each student is to respect the personal belongings and grounds of the farm and camp area. Any damage caused by a student in this regard must be repaired or replaced by the student or parent(s) of the student at his or her expense.

Phone use will occur only through the supervision of the adults who are part of the Rudolf Steiner Summer Bike Camp.

Medical information and a health card are required for each participating student. The camp director supplies first aid materials and homeopathic remedies, and will monitor medications as requested by parents.

Moonshadow Bike Camp

Equipment List

Required Equipment

- Sleeping bag
- Sleeping pad
- Pillow
- Tent (as discussed at meeting)

- Sun screen
- Toothbrush and toothpaste
- Soap and washcloth
- Shampoo
- Deodorant
- Brush/comb
- Two towels
- Bathing suit

Clothing to last six days, including:

- T-shirts
- shorts and pants
- socks (one pair wool)
- undergarments
- Pajamas
- Wool sweater or fleece
- Bandana
- Cap with brim
- Rain poncho or jacket
- One change of shoes (including one pair that serves as a water shoe)

- Small flashlight
- 2 or 3 quart-size ziplock bags
- 1 plastic trash bag 10-20 gallons (for dirty clothes)

- Approved Multi-gear bike** (in good condition)
- Approved** bike helmet
- Approved** Day pack, saddle bag or front / rear mounted storage bag.
- Water rack** or holder attached to bike frame
- Water bottle** for bike

Optional Equipment

- Book(s)
- Journal and pen
- Sunglasses
- \$25 dollars spending money
- Disposable camera
- Compact games

No electronic devices – No Snack Stashes Please!