

# Moonshadow Bike Camp Registration Packet

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Select a Camp Date:

Boys Intermediate	Girls Intermediate	Advanced
<input type="checkbox"/> June 26 <sup>th</sup> – July 2 <sup>nd</sup>	<input type="checkbox"/> July 3 <sup>rd</sup> – July 9 <sup>th</sup>	July 31 <sup>st</sup> – August 6 <sup>th</sup>

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](mailto:ronzang@campmoonshadow.com)

**STUDENT CONTRACT—Bike Camp 2011**

I understand that by traveling with my group, I am representing my group, Rudolf Steiner School, 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, bike camp 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 2011**

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 daughters 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 understand that my child will be participating in the following activities: bike rides, hikes, swimming, camping, and visiting historic sites. I will arrange for transportation for my child. The Rudolf Seiner School of Ann Arbor is not liable for any accidents or health related incidents during transportation you have arranged for your 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.

Signature

Date

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 2011 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 \_\_\_\_\_ 2011.

**WITNESSES:**

Signature

Date

Signature

Date

Today's Date: \_\_\_\_\_

Trip Name: \_\_\_\_\_

## Medical Information Card

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

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

<b>Person other than parent to be notified in emergency situation:</b>  Name  Home Phone  Cell Phone  Bus. Phone	<b>Does your child have:</b> <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"/> <b>Yes</b>                      <input type="checkbox"/> <b>No</b> </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

## Equipment List

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### 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!