

2009 Camp Schedule

Please check the week your camper is attending. **New this summer we are requiring age verification for all campers.**

- ___ Week 1: 9 & 10 year old girls / June 15 – 19
- ___ Week 2: 7 & 8 year old girls / June 23 – 26
(Week 2 begins on Tuesday)
- ___ Week 3: 9 & 10 year old boys / June 29 – July 3
- ___ Week 4: 7 & 8 year old boys / July 6 – 9
(Week 4 ends on Thursday)
- ___ Week 5: 11 & 12 year old girls / July 13 – 17
- ___ Week 6: 13 & 14 year old girls / July 20 – 24
- ___ Week 7: 13 & 14 year old boys / July 27 – 31
- ___ Week 8: 11 & 12 year old boys / August 3 – 7

Space is limited so register early to hold your camper's place. Campers may only attend one week each summer!!

No camper will be refused a spot at camp based on inability to pay.

- ___ I will pay the full camper fee of \$100.00
- ___ I can pay part of the camper fee \$ _____
- ___ I will pay the camper min. fee of \$10.00

All campers must pay at least \$10.00 to attend Camp Mel Trotter this summer.

2009 S.W.A.T. TEAM **Schedule**

15–18 year old leadership camp (2 week sessions)

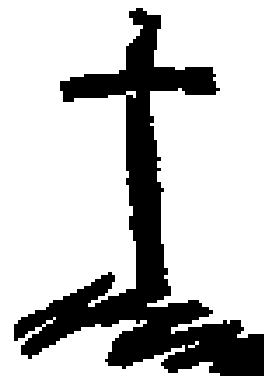
- Girls S.W.A.T. Team session 1 ___ (June 15 – June 26)
- Boys S.W.A.T. Team session 1 ___ (June 29 – July 9)
- Girls S.W.A.T. Team session 2 ___ (July 13 – July 24)
- Boys S.W.A.T. Team session 2 ___ (July 27 – August 7)

The cost for S.W.A.T. Team is \$20.00
S.W.A.T. Team is 1st come 1st serve!!

*Camp Mel Trotter
of Mel Trotter Ministries
2558 20th St.
Hopkins, MI 49328*

2009 Camp Mel Trotter

STEPPIN IT UP



MEL TROTTER
M I N I S T R I E S

Jon Wolters / Camp Director
2558 20th St.
Hopkins, MI 49328
269.793.0189 / Office #
269.793.0041 / Office Fax #
jonwolters@meltrotter.org
www.meltrotter.org

Dear Parent / Guardian:

I have been praying for you and your child for a long time! I know that God is going to do amazing things in the summer of 2009 at Camp Mel Trotter. I hope your child is able to attend. For some of you, I know this is your first time thinking about camp, and for others you're excited for another year of fun and growth at Camp Mel Trotter!!

I plan to hire a staff of about 50 college students, who are ready to sing songs, play games and talk to all campers about what it means to make positive choices in life and also talk about how we can step it up for Christ!!

This summer our theme is "Steppin it up"! We will be looking at how we can step it up in all areas of our lives!! All of this will be brought to the campers through study of the Bible, memory verses and interviews with real people from in and around the city.

New at Camp Mel Trotter for the summer of 2009 is our "SWAT" Team (Servants Working All Together). "SWAT" is for campers' ages 15 – 18 who have an interest in being a counselor, at Camp Mel Trotter or another camp, in the future. SWAT is not going to be all fun and games. SWAT members will be serving the campers each week by cleaning camp and also assisting counselors in leading games and Bible studies. There will only be 4 sessions of "SWAT" because team members will be at camp for 2 weeks at a time and only 10 SWAT members are allowed per session. So, if you have a child who meets these criteria please have them call me at 616.293.6492 for an application.

I hope you and your child are ready for a summer of "Steppin it up"!!

2009 Camper & S.W.A.T. Application

Please fill out the application as completely as possible and mail it with your camp fee to Camp Mel Trotter or you may drop it off at Mel Trotter Ministries downtown.

Please register as soon as possible as space at camp is limited.

Jon Wolters
Camp Mel Trotter
2558 20th St
Hopkins, MI 49328

Jon Wolters
Mel Trotter Ministries
225 Commerce Ave. SW
Grand Rapids, MI 49503

When your registration and camp fee are received, a confirmation post card will be sent to you with registration procedures and a list of thing to bring and not to bring to camp.

Camper information:

Name _____ Age _____ Birthday _____ Boy ___ Girl ___
 Address _____ City _____ State ___ Zip _____
 Church _____ School _____
 Camper & S.W.A.T. T-shirt Size: S M L XL XXL XXXL (circle your size & include a \$5 shirt fee)
 Week of Camp: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8
 S.W.A.T. Team session: Girls 1 ___ Boys 1 ___ Girls 2 ___ Boys 2 ___

Parent / Guardian Covenant:

I, the undersigned, approve of this application and agree to all the terms stated here in. I agree that all the information on this form is true to the best of my knowledge. I agree to speak with my camper about good behavior and that if they should need to be sent home for disciplinary reasons that, I, the parent or guardian are responsible for picking him/her up at camp in Hopkins. I also agree to talk to my camper about having a positive attitude and participating in all activities, chapels and games without argument or disruption.

Parent / Guardian Signature _____ Date _____
 Printed Name _____ Relationship to Camper _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Emergency contact information:

These names should be individuals that you would have us call in case of emergency if you cannot be reached. Also these should be individuals who we may release your child to.

We will be checking ID's!!! (PLEASE PRINT VERY CLEARLY)

1. Name _____ Home Phone _____ Cell Phone _____
 2. Name _____ Home Phone _____ Cell Phone _____
 3. Name _____ Home Phone _____ Cell Phone _____

Health Form

Camper's Name _____ Age _____

List all medications you will have at Camp: (prescription and over-the-counter)

Med 1 _____	Med 2 _____
Dosage _____	Dosage _____
Time(s) _____	Time(s) _____
Reason _____	Reason _____
Med 3 _____	Med 4 _____
Dosage _____	Dosage _____
Time(s) _____	Time(s) _____
Reason _____	Reason _____

List all allergies:

Allergy 1 _____	Reaction _____
Allergy 2 _____	Reaction _____
Allergy 3 _____	Reaction _____
Allergy 4 _____	Reaction _____

Health or Behavioral considerations:

<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> Ear infections	<input type="checkbox"/> Headaches
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Seizures	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Glass or Contacts	<input type="checkbox"/> Skin Rashes
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Depression
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Autism	<input type="checkbox"/> non-swimmer

**Other considerations? _____

**Dietary needs? _____

**Physical limitations? _____

**Up to date immunizations shots? YES NO (circle one)

**Date of last Tetanus booster? _____

If the camper as homeschooled then please include a full immunization record

Insurance information:

Physician _____ Physician phone _____
 Is the camper covered by medical / hospital insurance? YES NO (circle one)
 Insurance or plan name _____ Group or ID # _____
 Insurance or plan phone _____
 Name of insured _____ Relationship to camper _____