

# Camp Sagola Registration Form 2026

Thank you for choosing Camp Sagola! We urge you to mail in your application early. We may have to turn away walk-in campers if we do not have space or counselors to accommodate overflow.

Complete your application and mail it, along with payment to: **CAMP SAGOLA REGISTRATION**, 2885 State Hwy. M-69, Crystal Falls, MI 49920.  
For any questions regarding registration, call (313) 333-6129 or (906) 282-9639.

**Choose your camp:**  Junior Camp July 12-19, 2026 Ages 8-12 Fee-\$165.00  
 Teen Camp July 19-26, 2026 Ages 13-17 Fee-\$165.00

## Camper Information

Camper's Name: \_\_\_\_\_  
Male / Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (by July): \_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Religious Affiliation: \_\_\_\_\_ Home Church: \_\_\_\_\_

## Emergency contact person IF parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Names of persons authorized to pick up camper:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: CAMPERS WILL ONLY BE RELEASED TO AUTHORIZED PERSON(S) ON PICKUP LIST!**  
No additions to list will be accepted over the phone!  
If camper must leave camp early, an authorized adult must sign them out at the Camp Office.

# Medical Information / Consent to Treat

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Texting? Y N  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact (not parent): \_\_\_\_\_ Phone \_\_\_\_\_

## Health History-Please check conditions which apply and explain as necessary below

Diabetes  Bed wetting  Seizures  Asthma  Mental/Behavioral  Ear Infections  
 Diet Restrictions  Heart trouble  Physical Restrictions  Speech Problems  Chronic Illness  Menstrual Difficulties (if female, began menstruation? Y N )

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total # of Tetanus shots \_\_\_\_\_  
(Attach a copy of your child's immunization record or official immunization waiver)

Allergies (Foods / Medications / Environmental): \_\_\_\_\_  
\_\_\_\_\_

**Medications: (Please list ALL medications taken routinely, including vitamins, herbs, prescription and non-prescription. ALL medications must be turned in to nurse at registration in original container.)**

Med #1 \_\_\_\_\_ Dose \_\_\_\_\_ When \_\_\_\_\_ Why \_\_\_\_\_  
Med #2 \_\_\_\_\_ Dose \_\_\_\_\_ When \_\_\_\_\_ Why \_\_\_\_\_  
Med #3 \_\_\_\_\_ Dose \_\_\_\_\_ When \_\_\_\_\_ Why \_\_\_\_\_

## Camp Nurse Use Only:

Date Screened: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time Screened: \_\_\_\_\_ A.M./P.M.

Weight: \_\_\_\_\_ Temperature: \_\_\_\_\_ Lice Check: \_\_\_\_\_

Recent/Current injuries/conditions, operations? \_\_\_\_\_  
\_\_\_\_\_

Observational notes: \_\_\_\_\_

Other: \_\_\_\_\_

Screened by: \_\_\_\_\_

**Assumption of Risk and Consent to Treatment**

We the undersigned parent(s)/guardian(s) of \_\_\_\_\_  
(camper's name)

a minor, do hereby give my/our consent for him/her to participate in Camp Sagola's Junior Camp and or Teen Camp. I/We are aware that my child's participation in the activities provided (which may include higher-risk activities such as archery, wake boarding, water skiing, water trampoline, swimming, canoeing/kayaking, tubing, bouldering wall, and gymnastics) during this summer camp could result in a serious accident. In consideration of my child being allowed to participate in this camp, I/we release the Michigan Conference of Seventh-day Adventists, Camp Sagola, and their affiliates, agents and designees, and all medical providers, from all liability and agree to hold them harmless and indemnify them from all claims, causes of action, liabilities, fees, costs and expenses related to good faith actions taken in reliance on the above consent. In the event that emergency treatment becomes necessary for my child, I/we grant permission to administer necessary emergency medical treatment, including any transportation involved.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Group/Policy#: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Camper Agreement**

I will obey the camp rules, regulations and safety requirements. I understand there is no refund if I must be sent home.

Camper's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** The camp reserves the right to send home a problematic camper. Camper orientation will be at the beginning of camp to familiarize them with camp rules. Applications that are not here signed by the guardian AND the camper will be returned for proper signatures.

**Photo/Video Release**

I acknowledge that while myself, \_\_\_\_\_, and my child, \_\_\_\_\_, are at Camp Sagola, we may be photographed by a still camera or video camera. We authorize Camp Sagola to utilize my child's photographic image/s or mine without identification in its brochures and advertisements in any media.

In giving our consent, we hereby release and hold harmless Camp Sagola and its agents from any and all responsibility or liability relating to use of the photographs. We understand that neither my child nor I will receive compensation should any photograph authorized hereunder be used.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Week Attending:  Junior  Teen  
Camp Fee \$ 160.00 Date paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Store Deposit paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Assistance:  Friendship  Worthy Camper  
Camper: \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Church: \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Sponsoring Church \_\_\_\_\_  
MI Conf.: \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_