

**Potter's House Summer Camp Registration Form**

**July 13–July 18, 2026 Tower Hill Camp 12173 Tower Hill Rd. Sawyer, MI**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade in Fall '26: \_\_\_\_\_ Sex: \_\_\_\_\_ Personal Pronouns: \_\_\_\_\_

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

Email: \_\_\_\_\_

T-Shirt Size: (circle one) Youth Small Youth Medium Youth Large Youth X-Large

Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

**Parent/Guardian 1**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Other Emergency Contact**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Medical Information**

Does the camper use an inhaler? (circle one) Yes No

Does the camper carry an Epi-pen? (circle one) Yes No

Please list any allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any dietary needs or restrictions: \_\_\_\_\_

\_\_\_\_\_

Will your child be taking any medications while at camp(circle one)      Yes      No

Does your child regularly take any medications that will not be taken at camp? Yes      No

Is the camper under any form of treatment for any illness, condition or injury?

*If yes, please explain routines, medications, adaptations, etc.*

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Does the camper have any medical or behavioral conditions that we should be aware of?

*If yes, please take a moment to explain. Include any allergies here.*

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Does your child have any restrictions on activity? (circle one)      Yes      No

Does your child require any other special accommodations? (circle one)      Yes      No

**Insurance Information**

Health Insurance Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Payment Method**

A \$150 deposit is due at the time you register. This deposit will save your spot and will be refundable if you cancel before June 15, 2025. If you cancel after that date, you will not receive your deposit back. You must complete your full camp registration fee (total camp cost \$725 including your \$150 deposit) by June 23, 2025. Once you send in this registration form, you will be sent a link to pay your deposit. *Your registration is not complete until we have received your deposit.*

**Photo/Video Release**

I hereby grant Potter's House Oak Lawn permission to use the camper's likeness in a photograph or video in any and all of its publications, including website entries and social media posts, without payment or any other consideration. I understand and agree that these materials will become the property of Potter's House Oak Lawn and will not be returned. I hereby irrevocably authorize Potter's House Oak Lawn to edit, alter, copy, exhibit, publish or distribute this photo or video for purposes of publicizing Potter's House Oak Lawn's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo or video.

**Medical Release**

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by Potter's House Oak Lawn staff to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for the camper as deemed necessary.

**Liability Release**

Every activity arranged by Potter's House Oak Lawn is carefully planned and adequately supervised by adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents/guardians agree to assume and accept all risks and hazards inherent in summer camp related activities, including transportation to camp by a private bus company arranged by Potter's House Oak Lawn. They also agree not to hold Potter's House Oak Lawn or its employees or volunteers liable for damages, losses, or injuries to the person or property undersigned.

The parents or guardians understand that they are signing for the minor listed on this form and the signature is for the photo/video, medical and liability release.

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