

Dear Parents,

Please complete the following forms and return them to your youth/campus minister at your church/school to register your child for camp. Please *do not* mail these forms directly to Camp. Fill out the Anaphylaxis, Asthma, and/or Diabetes forms *only* if they apply to your child.

Camp begins Tuesday with a drop off at camp between 2-3 PM. We conclude Sunday with an outdoor Mass at Noon for all campers and families, followed by a picnic. Camp DeSales will provide brats, lemonade and potato chips. Feel free to bring other drinks, a side dish and/or desserts to share.

Packing lists and other information is available on our website (desales.org). If you have any questions, please contact your parish youth or campus minister.

We are looking forward to another wonderful summer. Thank you for your participation and support.

Fr. Ken McKenna, OSFS
Camp Director

CAMP DeSales

Catholic Youth Camp Registration Form 2024

Please print:

Camper's Name: _____

Address: _____

Attending with (name of Catholic parish or school): _____

Session: Session 1 (June 25-30) Session 2 (July 9-14) Other (when?): _____

Camper's Current Grade Level: _____ T-Shirt Size: _____ Denomination: Catholic Other

If your child cantors, lectors, or serves at Church, pls. indicate: _____

Name of Mother/Legal Guardian #1: _____

Mother/Legal Guardian #1: Cell Phone _____ Email: _____

Name of Father/Legal Guardian #2 _____

Father/Legal Guardian #2: Cell Phone _____ Email: _____

Other phone numbers (e.g. work/home): _____

CAMP DeSales

Camper Release Consent Form

Michigan Youth Camp Safety Laws require licensed camps to get authorization from parent/guardians for the release of their child to specific individuals. Please indicate below the individuals to whom your son or daughter may be released and make sure they bring a photo ID when they come to Camp.

Persons authorized to pick up your child must be listed below with name and contact information regardless of their relationship to the child. For example, if you, the parent will be picking up your child, please list your name immediately below. Also, list additional relatives, friends, etc... who might be picking up your child in your absence.

You may make changes to this form at any time prior to pick up. All changes must be made in writing by the parents/guardians and submitted to the camp office.

Please Print:

Camper's Name: _____ Program Dates: _____

(1) Name of person authorized to pick up your child: _____

Their relationship to camper: _____ Their cell phone: _____

Their work or home phone: _____ Their signature (if available): _____

(2) Alternate person authorized to pick up your child: _____

Their relationship to camper: _____ Their cell phone: _____

Their work or home phone: _____ Their signature (if available): _____

(3) Alternate person authorized to pick up your child: _____

Their relationship to camper: _____ Their cell phone: _____

Their work or home phone: _____ Their signature (if available): _____

If parent(s) or guardian(s) are NOT listed above, please complete the information below:

Your Name: _____ Circle one: Mother Father Guardian

Cell phone: _____ Alt. phone: _____ Signature: _____

Your Name: _____ Circle one: Mother Father Guardian

Cell phone: _____ Alt. phone: _____ Signature: _____

To be completed when the camper is picked up at camp (photo ID required):

Signature of person picking up camper

Date of Check-out

Time of Check-out