

Monday, August 08, 2011

Dear Parents:

Michigan Campus Compact hosts an annual service and leadership camp for college students who are engaged in Service Learning on their campuses from colleges and universities in Michigan. This weekend camp will involve high school seniors and college students from across Michigan and surrounding states. The “Best in Class: Service Leadership Camp” is a great opportunity to develop leadership skills and expose high school seniors to the next level of volunteerism and civic engagement as they transition into college.

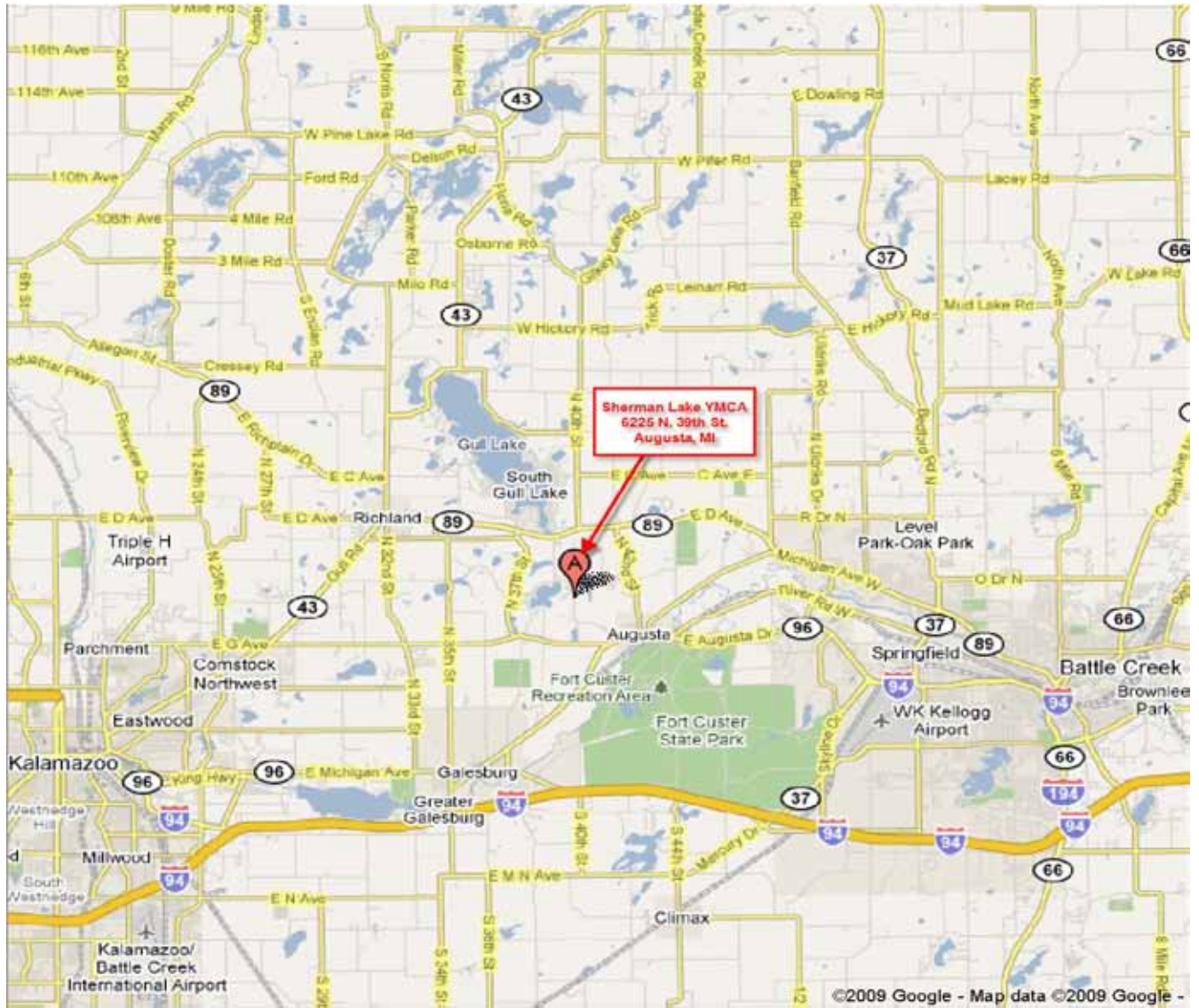
The Council of Michigan Foundations is excited to partner with Michigan Campus Compact to offer students currently engaged in Youth Advisory Councils across Michigan the incredible opportunity to discover new avenues of engaging in philanthropy during their post secondary experience. The 2011 Michigan Campus Compact Service Leadership Camp will take place **September 23-25, 2011** at Sherman Lake YMCA in Augusta, Michigan. The camp is being offered to high school seniors engaged in Youth Advisory Councils free of charge.

There is limited availability to attend the camp; therefore if your young person is interested in attending then they must have all of their liability forms submitted by **Friday August 26, 2011**. Students will be responsible for their own transportation to and from camp. Onsite I will be the acting advisor for all Youth Advisory Council students. Students will be integrated with other college participants for programming but will be separated for overnight housing in gendered cabins.

My contact information as well as directions for arriving to the Sherman Lake YMCA are included in this package. A camp schedule will be sent out in the coming weeks once all times have been confirmed. If you have any questions regarding this camp please contact me via email at balexander@michiganfoundations.org, or call 616.850.2139. Liability forms may be submitted via email or fax at 616.842.1760.

Sincerely,

Breannah Alexander
Program Associate for Youth
Council of Michigan Foundations





Detail Map and Camp Entrance



From Kalamazoo: East on M-43 (Gull Road) to G Avenue, East (right) to 39th Street, North (left) to camp.

From Detroit: Westbound on I-94 to Exit 85 (35th Street), North (right) to G Avenue, East (right) on G Avenue to 39th Street, North (left) on 39th Street to camp.

From Chicago: Eastbound on I-94 to Exit 85 (35th Street), North (right) to G Avenue, East (right) on G Avenue to 39th Street, North (left) on 39th Street to camp.

From Battle Creek: Travel West on M-89 (West Michigan Ave) toward Kalamazoo to 38th Street, South (left) on 38th Street 1.5 miles to camp.

From Grand Rapids (via US-131): South on US 131 to exit #49A (Plainwell/M-89), East on M-89 to junction M-89/M-43 (12 miles), Right on M-89/M-43 to Richland (1 mile), At traffic light, turn East (left) on M-89 to 38th Street South (right) 1.5 miles to camp.

From Grand Rapids (via M-37): South on M-37 to M-89 (West Michigan Ave.), West (right) to 38th Street, South (left) to camp.

From Lansing (via I-69): South on I-69 to I-94, West on I-94 to Exit 85 (35th Street), North (right) to G Avenue, East (right) on G Avenue to 39th Street, North (left) on 39th Street to camp.

DRUG AND ALCOHOL POLICY AND REGULATIONS

Preamble:

All students/advisors participating in the Michigan Campus Compact Best in Class: Service Leadership Camp are expected to abide by all Federal, State and local laws, including those regulating the use, possession, sale, distribution, manufacture and cultivation of illicit drugs and alcohol.

In addition, Michigan Campus Compact has adopted a drug and alcohol free camp policy. Under this new policy any institution must adopt and implement policies to prevent the use of drugs and alcohol by its students and employees participating in the Michigan Campus Compact Best in Class: Service Leadership Camp.

The following definitions apply to the Drug and Alcohol Policy:

Definitions

Area under jurisdiction of Michigan Campus Compact-includes all (1) property occupied, leased or used by Michigan Campus Compact; (2) property owned, occupied, leased or used by the Sherman Lake YMCA Camp; and (3) property owned, occupied, leased or used by any Michigan Campus Compact partner.

Controlled Substance-means a drug or chemical substance whose possession and use are controlled by law (as title 21, Chapter 13 of the U.S Code) under the Controlled Substances Act.

Employee-elected or appointed officers or employees, including all members of the University faculty and staff whether serving full or part-time, temporary or permanent, compensated or uncompensated.

Manufacture-the production, preparation, propagation, compounding, conversion or processing of a controlled substance.

Michigan Campus Compact-the Michigan Campus Compact office, all camps and all leased space or space occupied with a user permit, license or contract for the conduct of Michigan Campus Compact business.

Possession-the knowing or intentional possession of a controlled substance; having direct physical control over a controlled substance.

Student-any person enrolled in a class or course at a college or university, whether full or part-time, graduate or undergraduate.

Alcoholic Beverage-any liquid intended for human consumption as a beverage and containing 1% of alcohol by volume at 60 degrees Fahrenheit.

Drug & Alcohol Policy

A. General Policy Regulations

1. Michigan Campus Compact does not allow any person, group or organization to consume, sell, dispense, produce or manufacture drugs or alcoholic beverages on Michigan Campus Compact property.
2. No person shall operate a motor vehicle while under the influence of drugs and/or alcohol.
3. No person or group shall transport, sell, possess, receive, consume, purchase or otherwise procure alcoholic beverages for consumption by themselves or others.
4. No person shall appear in a state of intoxication while participating in Michigan Campus Compact's Best in Class: Service Leadership Camp or disturb the peace.
5. Violation of these stated prohibitions will not be tolerated and may result in disciplinary action, up to and including termination of participation in all future Michigan Campus Compact events. The manufacture, distribution, dispensation, possession or use of drugs or alcohol by any person on the property of Michigan Campus Compact, and at any site where work is performed by individuals on behalf of Michigan Campus Compact is prohibited.
6. Students/Employees who are found to be in violation of these stated prohibitions are subject to immediate removal from the Michigan Campus Compact Best in Class: Service Leadership Camp.
7. Failure to comply with these provisions could jeopardize the institution's eligibility to participate in future Michigan Campus Compact events.

Questions about these regulations may be addressed to the Michigan Campus Compact Executive Director or Assistant Director for Student Engagement. Thank you for your cooperation and understanding.

B. Acknowledgment

This is to acknowledge that I have received and read this drug and alcohol policy, am familiar with and understand its contents, and agree to comply with its terms.

(Please print)

Date: _____ School Name: _____

Name: _____

Signature of Participant: _____
or Parent/Guardian if under 18



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Campus Compact

Best in Class: Service Leadership Camp Media Release Form

Please provide all the information asked for below.

Name: _____

Home address: _____

Please check all that apply:

This material will be used in the form of

News Release Photographs Video Audio Website

to be used by Michigan Campus Compact, Campus Compact, and the Jenzabar Foundation for up to 5 years from the date of this release for the purpose of promoting youth philanthropy.

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I (we) give my (our) permission to Michigan Campus Compact, Campus Compact, and the Jenzabar Foundation to use my name (or my child's name), and/or photograph, videotape, or any likeness for publicity and the use of statements made by or attributed to me (or my child) relating to Michigan Campus Compact, Campus Compact, and the Jenzabar Foundation for this or similar promotions and grant to Michigan Campus Compact, Campus Compact, and the Jenzabar Foundation any and all rights to said use without further compensation. It is my (our) understanding that my signature below releases Michigan Campus Compact, Campus Compact, and the Jenzabar Foundation from any financial or legal responsibility for the use of this media relations/promotional material(s).

Signed: _____ Permission granted: _____

Date: _____ Relationship: _____

**BEST IN CLASS:
SERVICE
LEADERSHIP
CAMP**



THE JENZABAR FOUNDATION

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Campus Compact

Best in Class: Service Leadership Camp Medical Form

Confidential medical history instructions

1. Complete this form thoroughly
2. Sign at the bottom of the second page
3. Attach a copy of your family's insurance card

BEST IN CLASS:
SERVICE
LEADERSHIP
CAMP

Member general information (please print)

Name: _____ Age: _____

Home address: _____
(Number & Street) (City) (State) (Zip)

Home phone: (____) _____ Date of birth: _____ Sex: Male ___ Female ___

Family physician's name: _____

Address: _____ Phone: (____) _____
(Number & Street) (City)

Emergency contact general information (please print)

Name: _____

Home address: _____ Home phone: (____) _____
(Number & Street) (City)

Relationship: _____ Business phone: (____) _____

Health insurance

Please furnish the following information about your family's health/hospitalization insurance.

Name of insurance company: _____

Address of insurance company: _____

Subscriber: _____

Certificate/Policy number: _____

Group number: _____

Health history (check if these apply to you or your child):

____ Rheumatic fever ____ Asthma ____ Epilepsy ____ Convulsions ____ Diabetes ____

Other: _____

Allergies:

____ Aspirin ____ Penicillin ____ Bee Sting

____ Other drugs (list): _____

____ Food (list): _____

Precautions to observe: _____

Medications:

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical treatment authorization

Michigan Campus Compact must have permission to provide routine non-surgical medical care for participants/staff. Permission is also required to secure certain services which Michigan Campus Compact personnel are not equipped to perform. These services include x-rays, laboratory tests and emergency room services. Such services are readily available at nearby community hospitals.

The authorization is for the use of these services when deemed advisable by medical staff. In the event of any other routine medical problems, we will advise parent/guardian immediately.

*Note: If under 18 years of age, the signature below must be of the parent or guardian.
If over 18 years of age, the participant should sign for him/herself.*

I HEREBY GIVE PERMISSION TO MICHIGAN CAMPUS COMPACT TO SECURE EMERGENCY MEDICAL AND SURGICAL TREATMENT AND ROUTINE NON-SURGICAL MEDICAL CARE FOR:

Print full name of participant

Signature of participant or participant's parent/guardian

Date



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Campus Compact

Best in Class: Service Leadership Camp Waiver and Release of Liability

In consideration of the opportunity to attend the 2011 Best in Class: Service Leadership Camp sponsored by Michigan Campus Compact, Campus Compact, and the Jenzabar Foundation to be held on September 23, 24 and 25 of 2011 at Sherman Lake YMCA Outdoor Center, the undersigned student (and the undersigned parent or legal guardian if the student is under age 18, on behalf of himself or herself and the undersigned student or legal guardian) waive(s), release(s) and agree(s) to hold harmless Michigan Campus Compact and the Agency or Organization, and their respective agents, officers, board members, representatives, employees and volunteers (the "Releasees") from any liability to the undersigned and the personal representatives, heirs, assigns, and family of the undersigned, for all loss or damages on account of injury to the person or property of the undersigned student relating to attendance at the event or transportation to or from the event, whether caused by the negligence, gross negligence or recklessness of the Releasee or otherwise. The undersigned have read the Waiver and Release of Liability and voluntarily sign.

The undersigned student represents and warrants that he or she is at least 18 years of age or that the undersigned student's parent or legal guardian has signed below.

Signature of participant

Date

Parental Consent/Waiver and Release of Liability

I, _____, give my permission for _____

to attend the event as described above and I further agree to all the terms of the Waiver and Release of Liability stated herein.

Parent/Legal guardian

Date

**BEST IN CLASS:
SERVICE
LEADERSHIP
CAMP**

Sherman Lake YMCA Outdoor Center
Activity Release Form

Name: _____ Phone # _____

Address: _____

PLEASE READ: This form is intended to remind participants of the seriousness of attempting adventure activities with an old, preexisting injury, a heart condition, or other condition which may be aggravated by the event.

QUESTIONS:

1. Any preexisting injuries (ankles, knees, back, neck, etc) which may be aggravated by participating?
2. Are you currently taking any medications?
3. Any heart condition or heart medications?
4. Do you have high blood pressure?
5. Do you have any allergies (food, bees, and insects) or reactions to any medications?
6. Do you have any physical limitations?
7. Current level of activity at home?

RESPONSE:

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

Low Med High

If you answered YES to any of these questions, please discuss them with you team leader.

RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT

I hereby grant permission for me or my child to participate in the Wall, Rafters, Tower, Spaghetti Course, Courage Course, or any other activity at the Sherman Lake YMCA Outdoor Center. Any health concerns or considerations that I have are listed above. I hereby give my permission to the medical personnel selected by the camp staff to order x-rays, routine tests, treatment and necessary transportation for myself or my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization. In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and program, and I further agree to hold harmless the YMCA and its' staff members conducting the activities from any and all claims, suits, losses or other related causes of action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of me, my child or my family as may be needed for public relations programs. I acknowledge that this General Release of Liability of the YMCA is binding on me personally and on my heirs, personal representatives, successors and assigns.

Signature of Participant: _____

Date: _____

In case of emergency contact:

Phone #