



# 2017 Cadet International Camporee

## Cadre counselor requirements and additional registration information

*Cadet/junior counselor and cadre counselor registration forms may also be downloaded from the camporee page after January 1 at [www.CalvinistCadets.org](http://www.CalvinistCadets.org)*

### ▲ Date

July 12-19, 2017

### ▲ Place

Black Hills of South Dakota

*(to find the location on a map, see the Cadet website:*

[www.calvinistcadets.org](http://www.calvinistcadets.org)

### ▲ Costs/Due Date

**\$349.00 U.S.**

**Registrations are due April 1, 2017.**

\* If postmarked after April 1, add \$25.00 late fee.

- Add \$10 U.S./\$10 Canadian to stay at camp on July 11 (pre-camporee) and for extra meals.

### ▲ Passports

Canadian and other citizens will need passports for any air travel to and from the USA. There are other options available if you're driving across the border. Be sure your counselors and Cadets who want to attend the camporee apply early for the correct citizenship documentation for travel.

### ▲ To register as a Cadre Counselor, you must:

- be an active counselor
- complete the registration form, including health history
- pay the registration fee
- complete the counselor section of the Camporee Certification Course
- complete the Counselor Certification Course
- have club, church, Cadet council, and steering committee approval
- live a life that displays that Jesus Christ is Lord of your life

### ▲ How to Register

1. Fill in the registration form. Make sure it is properly signed in all applicable spaces. Include the appropriate registration fee and **a copy of your Camporee Certification Award form.** (Checks payable to Cadet Camporee '17)
2. You must complete the contact information and health history parts of the registration form. A doctor's physical examination is not required.
3. Mail to Camporee '17, 1333 Alger SE, Grand Rapids, MI 49507. Email to: [info@CalvinistCadets.org](mailto:info@CalvinistCadets.org) Registrations are due April 1, 2017 (postmarked). Late registrations accepted with late fee of \$25.00.

### ▲ Equipment List

A list of required, optional, and prohibited equipment will be mailed to each registrant in June. These lists will also be available on the Cadet Corps website.

### ▲ Special Note

**Campers are committed to stay the entire week. They must be in camp by noon on July 12, and only in emergency situations will the camp director determine that a camper may leave before noon on July 19.**

### ▲ Cancellations

Cancellations must be received in writing at the Cadet office, by mail: 1333 Alger SE Grand Rapids, MI 49507, or email: [info@CalvinistCadets.org](mailto:info@CalvinistCadets.org).

Refund policy: A full refund, if request is received prior to April 1. A \$100 refund, if request is received between April 1 and June 1. No refunds after June 1, except for special situations determined by the camporee chairman.



### ▲ Help is Available

Cornel Rylaarsdam saw the potential that international camporees have of affecting a boy's life. Before he passed away in April 2004, he arranged to set up a fund that would help make it possible for boys and men to participate in a camporee experience, even if they can't afford to. Limited funds are available for such individuals. If you believe yours is a special case, complete an application for the Cornel Rylaarsdam Memorial Fund. It is available on our website ([www.calvinistcadets.org/cornelrylaarsdam.php](http://www.calvinistcadets.org/cornelrylaarsdam.php)) or by contacting Cadets, 1333 Alger SE, Grand Rapids, MI 49507; phone: 616-241-5616, ext 4; or e-mail: [info@calvinistcadets.org](mailto:info@calvinistcadets.org). **Applications for assistance are due by February 15, 2017.**

# 2017 CAMPOREE REGISTRATION FORM FOR CADRE COUNSELORS

PRINT OR TYPE — COMPLETE ALL THREE PAGES OF FORM



First Name	Initial	Last Name
Street Address		
City	Province/State	Postal/Zip Code
Phone		Birthdate (month/day/year)
E-mail Address		
Club Number	Club (CHURCH) Name	Council
<b>T-SHIRTS</b> Circle your shirt size: <b>S   M   L   XL   2XL   3XL</b>		
Camp T-shirts, caps, pins, and patches will be provided at no extra charge		
<b>Circle past camporees attended:</b> 14   11   08   05   02   99   96   93   90   87   84   81   78   75   72   69   66		

Mail to:  
 Camporee '17  
 1333 Alger SE  
 Grand Rapids, MI 49507  
 Email to:  
 info@calvinistcadets.org  
 Due Date: Postmarked by  
**April 1, 2017**

**\*Arriving at camporee on Tuesday?**  
 Due to travel schedules, some people may need to arrive at the campsite on Tuesday. If you are one of these people, please check the pre-camp box, and include \$10.00 U.S. with your registration fee. We will send you a pre-camp pass that will entitle you to spend Tuesday night on site. It will also provide you with the extra supper and breakfast. If you don't check this box and include the fee, you may not be on site until July 12. Each individual coming early must check the appropriate option, even if traveling with a group.

- REGISTRATION FEES**
- \$349 U.S. FUNDS
  - \$25 LATE FEE (POSTMARKED AFTER 4/1/2017)
  - \$10 PRE-CAMP STAY/MEALS FEE\*

**Registration is invalid without specified signatures.**

- (NOTE: All counselors must sign below.)**
- Camporee Certificate:
    - provided for past camporee
    - attached
    - will be sent by \_\_\_\_\_
  - Counselor Certification earned \_\_\_\_\_
  - I have read the 2017 Camporee assumption of risk and responsibility statement (on next page) and agree to the terms stated.
  - Have you ever been convicted of anything other than a minor traffic violation?     No     Yes — If yes, please explain and include documentation from a government agency.  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have skills or certification in any of the following areas?

	EXPIRATION DATE
<input type="checkbox"/> Red Cross Standard First Aid (or St. John's equivalent) .....	_____
<input type="checkbox"/> Red Cross Basic Water Safety (or St. John's equivalent) .....	_____
<input type="checkbox"/> Red Cross Advanced Life Guarding (or St. John's equivalent) .....	_____
<input type="checkbox"/> CPR Certified .....	_____

**COUNSELOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

This registrant is an active member of our club and has displayed leadership ability, shows by his actions that Jesus Christ is Lord of his life. (Signers must not be relatives to the registrant and no one person may sign more than one category.)

**FELLOW COUNSELOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT FELLOW COUNSELOR'S NAME** \_\_\_\_\_

**COUNCIL BOARD MEMBER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT COUNCIL BOARD MEMBER'S NAME** \_\_\_\_\_

**CADET COUNCIL BOARD MEMBER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT CADET COUNCIL MEMBER'S NAME** \_\_\_\_\_  
 (IF FROM AN INDEPENDENT CLUB, SECOND FELLOW COUNSELOR)

**YOUR REGISTRATION FEE MUST ACCOMPANY THIS FORM**

**Check/Money Order attached**  
*(checks payable to Cadet Camporee '17)*

**CHARGE MY CREDIT CARD:**  
**MasterCard / VISA / Discover**

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

**Signature** \_\_\_\_\_

**Print name as it appears on the credit card** \_\_\_\_\_

**REGISTRATION INFORMATION ON BACK OF FORM**

## ASSUMPTION OF RISK AND RESPONSIBILITY

- I have completed the Camporee Certification Course. (If this is your first time at an international camporee as a cadre counselor, include original or copy of certificate from your Camporee Certification Course Handbook, or indicate when it will be sent.)
- I certify that the information on this form is true to the best of my knowledge. I hereby give permission for the camporee medical staff or any licensed physician to render emergency medical care to me in the event of a medical emergency.
- I am an adult counselor attending the 2017 Cadet International Camporee. I hereby release Dynamic Youth Ministries and the Calvinist Cadet Corps, its agents, employees, volunteers, and other campers from any liability for any claims of damages or injury to me or my property. I understand that by signing this agreement, I absolve the Calvinist Cadet Corps, its agents, employees, volunteers, and other campers for any liability for any claims of damages or injury to me and my property, for any injury or damages that may occur, including serious injury and death. I also covenant and agree not to sue Dynamic Youth Ministries and the Calvinist Cadet Corps, its agents, employees, volunteers, and other campers for any liability for any claims of damages or injury to me and my property. I have read this release and covenant not to sue. I understand it and agree that I am bound by its provisions.
- I give permission for photographs or videotapes of me to be used by the Calvinist Cadet Corps for promotional purposes.

## FAMILY CAMPING / SUNDAY VISITORS

The KOA Campground in Custer has been selected for family camping. Indicate you are part of the Cadet group when you make your reservation. Transportation will be available from family camping to the camporee site for Sunday worship service and lunch.

KOA reservations: 800-562-5828; for info: 605-673-4304.  
More information about KOA Custer is available at:  
[koa.com/campgrounds/custer/](http://koa.com/campgrounds/custer/)

- Number of people camping at KOA who need transportation on Sunday to the camporee worship service and lunch: \_\_\_\_\_ riders & lunch guests.
- Not camping? Visitors are encouraged to attend the Sunday morning worship service and have lunch at the camporee site. I would like reservations for \_\_\_\_\_ guests.

List the name(s) of any newspaper(s) to which your household subscribes:

## Emergency Contact Information

*(If family will be camping nearby, please indicate this.)*

CONTACT #1:				CONTACT #2:			
First Name		Last Name		First Name		Last Name	
Street Address				Street Address			
City		Province/State		City		Province/State	
Postal/Zip Code				Postal/Zip Code			
( ) Phone		( ) Cell Phone		( ) Phone		( ) Cell Phone	
E-Mail Address				E-Mail Address			
Relationship to Camper				Relationship to Camper			

## Health History

### Insurance Information

Name of Insurance Company/Plan

Policy Number

**Special conditions to be watched for — such as fainting, sleepwalking, history of emotional or behavioral disturbance, highly sensitive to poison ivy, etc. If so, explain.**

**Medical conditions — explain**

**Special dietary needs — such as a gluten, lactose or nut intolerance, diabetic. Please explain.**

**Allergic reactions to medications, food, or environmental factors: EpiPen Required?★**

Allergy	Reaction	Treatment	Yes	No

★NOTE: Remember to bring your own EpiPen(s) if required.

**Tetanus Immunization Required — enter date in box**

You must fill in this box and date must be after 7/15/07

**Medication needed or used** (List all. Add separate sheet if necessary. Medications must be in their original containers.)

Medication	Dosage	Frequency	Currently used? (Y/N)

**Activity restrictions because of any illness, injury, or physical disability?**

No  Yes  If yes, explain degree of restriction