

VFW Camp Trotter – 2026 Enrollment Packet



VFW MICHIGAN'S CAMP TROTTER

2026 CAMPER ENROLLMENT PACKET

Newaygo, Michigan
Established 1949

Return Completed Forms To:

VFW Department of Michigan
ATTN: Camp Trotter
924 N. Washington Avenue
Lansing, MI 48906

VFW MI Office Phone: (517) 485-9456

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CAMPER INFORMATION (ages 7-12)

Camper Full Name _____

Preferred Name _____

Sex (M/F) _____

Pronouns (optional) _____

Date of Birth _____

Age at Camp _____

School Grade (2026–27) _____

T-Shirt Size (Youth/Adult) _____

New Camper? (Yes/No) _____

Returning Years (if applicable) _____

SESSION SELECTION

Tuition: \$475 per week

- Week 1: July 5–11
- Week 2: July 12–18
- Week 3: July 19–25
- Week 4: July 26–Aug 1
- Week 5: Aug 2–8 (if offered)

Second Choice: _____

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PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian Name _____

Relationship to Camper _____

**If the enrolling adult is not the child's biological or adoptive parent, documentation establishing legal guardianship or custodial authority is required prior to camp participation to ensure the safety and protection of the minor.*

Address _____

City / State / Zip _____

Primary Phone _____

Email _____

EMERGENCY CONTACTS (2 required)

Name	Relationship	Phone
1)	1)	1)
2)	2)	2)

AUTHORIZED DROP-OFF/PICK-UP (optional)

Name	Relationship
_____	_____
_____	_____

**Photo ID required at pick-up.*

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PAYMENT INFORMATION

Check enclosed (Payable to VFW Camp Trotter)

Call with debit/credit card information (VFW MI Office Phone: (517) 485-9456)

Request secure invoice (email: _____)

VFW Post/Auxiliary Sponsorship attached

Scholarship application attached

NOTE: Do NOT write credit card numbers on this form.

Full payment due by July 1, 2026 unless scholarship assistance is approved.

CAMPER CODE OF CONDUCT

- Respect staff and peers
- Follow safety rules
- Care for property and environment
- No bullying or harassment
- Practice honesty and accountability

Camp reserves sole discretion in determining disciplinary action, including dismissal without refund.

Parent/Guardian Initials: _____ Camper Initials: _____

MEDIA RELEASE

YES – I authorize use of my child’s image for promotional purposes without compensation.

NO – I do not authorize use.

Parent/Guardian Signature: _____ Date: _____

ADDITIONAL INFORMATION

VFW Camp Trotter is committed to creating a safe, supportive, and positive camp experience for every child.

Is there anything you would like Camp Trotter administrative staff or cabin counselors to know about your child that may help us better support them during their time at camp?

This may include (but is not limited to):

- Recent changes at home (e.g., loss of a loved one, family transitions)
- Emotional or behavioral considerations
- Homesickness tendencies
- Sleep routines or nighttime concerns
- Social dynamics or peer concerns
- Sensory sensitivities
- Strategies that help your child feel successful

All information provided will be treated respectfully and shared only with appropriate staff members on a need-to-know basis to support your child’s well-being and safety.

Please share any relevant information below (attach additional page if needed):

FINAL PARENT / GUARDIAN CERTIFICATION

I certify that all information provided in this Camper Enrollment Form is true, accurate, and complete to the best of my knowledge.

I understand that accurate and complete information is essential to the safety, supervision, and well-being of my child and other campers. I agree to notify VFW Camp Trotter promptly of any changes to contact information, custodial status, or other relevant enrollment details prior to or during my child's camp session.

I acknowledge that separate required documents, including the Assumption of Risk, Release, Waiver, and Indemnification Agreement and the Confidential Health History & Medical Authorization Form, must also be completed and submitted for enrollment to be considered complete.

I represent that I am the legal parent or guardian of the above-named minor and have the authority to enroll this child in VFW Camp Trotter.

I sign this certification voluntarily and with full understanding of its importance.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Primary Phone: _____

Email: _____

VFW Camp Trotter – 2026 Assumption of Risk & Release

VFW CAMP TROTTER

2026 ASSUMPTION OF RISK, RELEASE, WAIVER, AND INDEMNIFICATION

IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY BEFORE SIGNING.

I represent that I am the parent or legal guardian of the minor named below and have full legal authority to execute this agreement.

I acknowledge that participation in an overnight residential camp program involves inherent and unavoidable risks, including but not limited to:

- Outdoor recreation activities such as hiking, field games, campfires, aquatic activities, archery, and structured physical activities;
- Exposure to weather conditions, insects, wildlife, uneven terrain, and natural environmental hazards;
- Use of recreational equipment and facilities;
- Transportation in camp-owned, leased, or contracted vehicles, including transportation to and from camp and camp-sponsored activities;
- Illness, including communicable diseases;
- Accidental injury resulting from participation in group activities;
- The acts or omissions of other participants.

These risks may arise on or off camp property.

Parent/Guardian Initials (Assumption of Risk): _____

I understand that injuries may occur despite reasonable supervision, established safety procedures, and qualified staffing. I voluntarily assume all known and unknown risks associated with my child's participation.

In consideration for my child being permitted to participate, I hereby release, waive, discharge, and hold harmless VFW Camp Trotter; the Veterans of Foreign Wars Department of Michigan; its posts and auxiliaries; and their respective directors, officers, trustees, employees, volunteers, agents, medical personnel, contractors, and representatives (collectively, the "Released Parties") from any and all claims, demands, causes of action, or liability for personal injury, illness, death, property damage, or loss arising from participation in camp activities, including claims arising from the ordinary negligence of the Released Parties, except in cases of gross negligence or willful misconduct.

Parent/Guardian Initials (Release of Liability): _____

VFW Camp Trotter – 2026 Assumption of Risk & Release

I further agree to indemnify, defend, and hold harmless the Released Parties, including reasonable attorney’s fees and costs, from any claims arising from my child’s actions or failure to follow camp rules.

Parent/Guardian Initials (Indemnification): _____

I understand that VFW Camp Trotter is not responsible for lost, stolen, or damaged personal property.

I acknowledge that the camp reserves the right to dismiss a camper for behavioral, safety, or health-related reasons, at its sole discretion, and that no refund will be issued in such cases.

No oral representations or statements have been made that modify this agreement.

I have read this agreement carefully, understand its terms, and sign it voluntarily.

By signing below, I acknowledge that I have had sufficient opportunity to read and ask questions about this agreement.

Camper Name: _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

HEALTH HISTORY RECORD

Michigan Department of Licensing and Regulatory Affairs

Dear Authorized Person:

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper or minor staff. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

Minor Child's Name (Last)		First		Middle	Sex	Date of Birth	
Address (Number and Street)			City		Zip	Telephone (Home)	
Authorized Person's Name (Last)		First		Middle	Telephone (Work)		
Address (Number and Street)			City		Zip	Telephone (Emergency)	
Is the minor child having any of the problems listed below?		Yes	No			Yes	No
1.	Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	7.	Trouble with passing urine or bowel movements	<input type="checkbox"/>	<input type="checkbox"/>
2.	Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	8.	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
3.	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	9.	Speech problems	<input type="checkbox"/>	<input type="checkbox"/>
4.	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	10.	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>
5.	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	11.	Dental problems	<input type="checkbox"/>	<input type="checkbox"/>
6.	Frequent colds, sore throats, ear aches (4 or more per Year)	<input type="checkbox"/>	<input type="checkbox"/>	12.	Other	<input type="checkbox"/>	<input type="checkbox"/>
Please explain any problem areas identified above including any current infectious diseases:							
If female has she been told about menstruation (answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No				Has she menstruated (answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Operations or Injuries							
Explain Any Special Health, Behavioral or Emotional Consideration(s)							
Medication Needed or Used (Including Psychiatric)						Currently Being Given	
Name	Frequency		Dosage			<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin, or other drugs), Bedwetting, Fainting, Sleep Walking, etc.							
Immunizations: Are the minor child (age 5 and older) immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No							
For children under age five attending camp attach a certificate of immunization record and status of the minor child's immunizations or provide a written religious or other exemption waiver signed by a physician.							
Should the camper's activity be restricted because of any physical limitation or illness? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain degree of restriction:							
<input type="checkbox"/> Medical Emergency Care Authorization: I hereby give permission to the children's camp to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp. By signing below, I authorize care.				<input type="checkbox"/> For Religious Exemption: I object to consent to receipt of emergency medical or surgical treatment, by signing below I attest that my child is in good health, and I assume the health responsibility for my child.			
I certify that this information is true to the best of my knowledge.		Authorized Person's Signature				Date	
LARA is an equal opportunity employer/program.				Authority: PA 368 of 1978, PA 116 of 1973			