



SUMMER CAMP APPLICATION

Applications must be submitted by May 9th , 2025

Camper First Name: _____ Last Name: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Grade Entering Fall 2025: _____ School Name: _____

Is your student a returning camper? ___ Yes ___ No

T-Shirt Size (Adult): ___ Small ___ Medium ___ Large ___ XL ___ XXL ___ XXXL

Time: 8:00am – 4:30 pm (Drop-off: 7:45am – 8:00am/Pick-up: 4:30pm – 4:45pm)

Choose camp(s) you will be attending:

- Scrub Life/Healthcare (June 10th-12th); \$210
- What's on the Menu/Farm to Table (June 16th-18th); \$210
- Level Up/ Advanced Skilled Trades (June 23rd-26th); \$275
- Starting at Square One/Skilled Trades Camp (July 14th-17th); \$275
- Starting at Square One/Skilled Trades (July 21nd-24th); \$275

*******All must be checked to participate in Level Up trades camp:**

Can read & use a tape measure Has prior welding experience Knows general tool (hand tools, power tools, saw & more) and construction site safety knowledge.

* Please make a check/money order payable to Midland County ESA and include your camper's name on the check.

Link to pay online: https://paypal.me/CTEMCESA?locale.x=en_US

Cancellation Policy : Participants have up to 30 days prior to camp to cancel for a full refund. If participants cancel within 30 days of camp no refund will be issued. If unforeseen circumstances occur not allowing participants to attend, please email cte@midlandesa.org.

NOTE: A limited number of scholarships are available for those who need assistance and will be awarded at the discretion of the Midland County ESA. Applications are available by contacting cte@midlandesa.org

Participant Liability Agreement: By signing below, participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of sponsors, participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity, Further, participant (or parent/guardian) promises to hold the sponsoring organizations and their representatives harmless for any injury sustained during the time involved for the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through final and binding arbitration. Please check one: ___ I Agree ___ I Disagree

Photo/Video Release: I give my permission for MCESA/Partners to take pictures, video or audio of my child/ward for future publicity purposes related to the camp. ___ Yes ___ No

Medical Authorization: Is the participant covered by health insurance? ___ Yes ___ No

If yes, name of insurance provider: _____ Policy/Group Number: _____

Is the Midland County ESA authorized to approve medical treatment? ___ Yes ___ No

Parent/Guardian Name: _____ Primary Phone: _____

Address if different than student: _____

Parent/Guardian Email Address: _____

Parent/Guardian Signature: _____ Signature Date: _____

Return all applications and payment to: Midland County ESA, Attn: CTE Office 3917 Jefferson Ave., Midland, MI 48640