



Rock Lake Christian Assembly
7389 E Vestaburg Rd, Vestaburg, MI 48891
989-268-5377 www.rlca.org tim@rlca.org

Thank you for your registration to a Parent & Camper Session! We are looking forward to a great camp and pray that you and your student are blessed by the experience.

In order to attend this camp, **ALL** adult participants must go through the state-required screening process. In addition to permission for RLCA to perform a background check using the Michigan State Police ICHAT system, we must receive clearance from the Michigan Department of Licensing and Regulatory Affairs. The adult attendee must complete the “Request for Central Registry Clearance” form and send this along with a copy of your picture identification to the Michigan Department of Licensing and Regulatory Affairs. Please do this as soon as possible due to the three-week processing period. Rock Lake Christian Assembly must receive the results of this Clearance from the State prior to your camp session. If State Clearance Results are not received by the start of the camp session, the adult attendee, and thus the camper, will not be able to attend.

All Rock Lake Christian Assembly Staff, Faculty, and Volunteers must submit to this process, for the safety of your camper and all campers. Thank you for your understanding. Do not hesitate to call the office at (989)268-5377 with any questions. We are excited to minister to both you and your camper this summer!

Tim St. Louis
RLCA Camp Director

REQUEST FOR CENTRAL REGISTRY CLEARANCE

Camp Staff/Volunteer 21 years of age or older

Purpose: This request for central registry clearance form is submitted to the licensing unit to determine if a camp staff member/volunteer who is 21 years of age or older is not named in a central registry case as a perpetrator of child abuse or child neglect in the state of Michigan as required by MCL 722.119. The results will be sent back according to the authorizations identified in Section II: Results Instructions.

Instructions:

1. All fields completed by camp staff/volunteer (requestor) providing authorization.
2. All fields must be legible for processing.
3. Submit completed form by mail, fax, or email to:

LARA-BCHS

Adult Foster Care and
Camps P.O. Box 30664
Lansing, MI 48909

Fax: 517-284-9709

LARA-BCHSAFCCampclearance@michigan.gov

Section I: Camp Staff/Volunteer

NAME (Last, First, Middle):	
Alias or other names used:	
Date of birth:	Social Security Number:
I authorize the department to conduct a central registry clearance on me and send the result as requested below.	
Signature:	Date:

Section II: Result Instructions:

The central registry clearance result letter will be sent by the department to the requestor or camp based on the instructions provided below by the requestor.

Check One:			
<input type="checkbox"/> Mail results to requestor or camp address listed below			
<input checked="" type="checkbox"/> Email results to: info@rlca.org			
Requestor Name or Camp Name: Rock Lake Christian Assembly			
Address: 7389 E Vestaburg Rd	City: Vestaburg	State: MI	Zip: 48891
Phone Number 989-268-5377		Camp Contact Name, if applicable: Tim St. Louis	

Any Questions about the Michigan Central Registry Clearance for Camps may be directed to the Bureau of Community and Health Systems Licensing Unit at (866) 685-0006.

AUTHORITY: PA 116 of 1973 and PA 218 of 1979.



2022 RLCA CAMPER PARENT/ADULT INFORMATION

K/1st Grader & Parent Camp: MUST BE RECEIVED BY MAY 20TH

First Chance Camp: MUST BE RECEIVED BY MAY 25th

RLCA, PO Box 340, Vestaburg, MI 48891

www.rlca.org 989-268-5377 info@rlca.org

Every adult attending a Parent & Camper session must pass background checks. The information on this form is required and must be completed by the adult attending camp at least three weeks prior to the session. Without this information, you and your camper will not be permitted to spend Friday night at the camp. Please contact the office at 989-268-5377 or info@rlca.org with any concerns.

Name of Camper Registered:

Full Name of Adult Attending Camp (for First Chance Camp, attending adult should be the same gender as the camper):

Gender of Adult Attending Camp: Male Female

Adult's Date of Birth: _____ Adult's Relationship to Camper: _____
dad, mom, grandma, uncle, etc.

I grant the director of Rock Lake Christian Assembly permission to conduct a background check on myself through the Michigan State Police ICHAT System. This check is REQUIRED for all adult participants. If you plan on attending camp with your child, sign below.

signature of adult attending camp

Return this form to Rock Lake Christian Assembly
PO Box 340
Vestaburg, MI 48891

Rock Lake Christian Assembly: Parent / Adult Participant Health Form

PLEASE NOTE: State of Michigan regulations for youth camps require us to have on file in the Health Office this completed form while you are participating in our programs. All information is confidential.

Name of Parent _____
For First Chance Camp, Parent should be the same gender as the Camper.

Family Physician _____ Physician's Phone Number _____
May we contact your Family Physician for Emergency Situations? Yes No

Insurance Carrier _____
Group Number _____ Policy Number _____

The Camp's Insurance Policy with Brotherhood Mutual is a secondary insurance that will cover what your primary insurance carrier will not cover. If you do not have insurance, the Camp's Policy will become the primary policy.

Do you have any allergies? Yes No
If you answered YES, please list your allergies. _____

Please list all medications, nutritional supplements and herbals that you are currently taking:

All medications will need to be in their original containers and turned into the Health Officer.

Are there any other medical conditions that the RLCA Health Officer should be aware of?

Do you have any dietary restrictions, besides allergies?

I attest that the above information is true to the best of my knowledge and that Camp Staff may secure medical treatment for me in the event of an emergency.

Signature

Date