



Michigan Youth Bridge Inc Camp Application

- WHAT:** Michigan Youth Bridge Camp 2019
WHEN: Drop-off 3:30 pm Sunday, July 7
Pick-up 3:30 pm Saturday, July 13
WHERE: Camp Wathana (Holly, Michigan, near Detroit)

Thank you for your interest in Michigan Youth Bridge Camp.

Michigan Youth Bridge Camp (MYB) is a seven day summer sleepover camp that includes bridge lessons and tournaments, as well as indoor and outdoor recreational activities for youth players ages 10-16 of all skill levels ranging from absolute beginners to advanced players.

When I started Michigan Youth Bridge, it was my dream to provide a setting in which young people would not only be introduced to the game of bridge but within that context grow personally as well. Bridge provides structure and a setting in which thought processes, social skills and ethics are learned and developed, to say nothing of lifelong friendships made.

At Michigan Youth Bridge Camp (MYB), we bring together young people who are interested in learning bridge or improving their existing game. Last year our campers travelled from 11 different U.S. states and Canada to attend. We offer multi-level, play-as-you-learn instruction as well as ACBL daily sanctioned tournaments with the opportunity to earn masterpoints.

MYB is being held at a new location, pristine Camp Wathana in Michigan, a 240 acre rural retreat center that features bunk bed dorm-style lodging. Indoor/outdoor recreation includes ropes courses, water activities, fishing, nature walks, team games and more.

The cost for Michigan Youth Bridge Camp is just \$400 if your application is postmarked by May 15, \$425 by June 1, and \$450 thereafter. Registrations are accepted until June 15 or we reach maximum capacity. Scholarships and sibling discounts are available. Airport pickup is available for a small additional fee of \$35 and bedding (pillow with case and queen comforter) can be rented for \$10.

If you have any questions, please don't hesitate to contact me at 248-760-1818 or via the email address below. Thank you for your time and interest. We look forward to meeting and getting to know your special young person!

Susan Woodrow, MYB Director
michiganyouthbridge@yahoo.com
suzywoodrow@hotmail.com

HOW TO APPLY

1. Complete the application/health form and ACBL Consent/Release form.
2. Include **\$200** non-refundable deposit payable to Michigan Youth Bridge, Inc.
3. Add Camp fee, airport pick up (if used), and bedding rental (if used) for total
4. Mail to: Susan Payne Woodrow, MYB Inc, 3631 Dorothy Lane Waterford, MI 48329

[Thank you very much for taking the time to print legibly](#)



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Camper Name _____ Camper DOB ____/____/20____ Age ____ Sex ____
Month Day Year at time of camp

ACBL # _____ Estimated # ACBL Masterpoints(if any) _____
(If current member)

Home Address _____
Street City State Zip Code

Please circle Camper T-Shirt Size (all are adult sizes) Small Med Large XL XXL

Parent/Guardian _____ Email _____
Primary Contact Primary Contact

Relationship to Camper _____

Phone Numbers (____) _____ (____) _____
Home/Cell Work

Parent/Guardian _____ Email _____
Name

Relationship to Camper _____

Phone Numbers (____) _____ (____) _____
Home/Cell Work

If we cannot reach a parent or guardian, please provide another emergency contact:

Name _____ Phone (____) _____

Relationship to Camper _____

Please tell us how you heard about Michigan Youth Bridge Inc Camp _____

Yes, I want to send my child to Michigan Youth Bridge Camp! I understand the cost of the camp is determined by the postmark of my application: \$400 by May 15, \$425 by June 1, and \$450 thereafter. I have enclosed:

- A check or money order for the entire amount, \$_____ or**
- A deposit of \$200 to hold my child's slot.**
- I would also like Airport Pick up for an additional \$35**
- I would also like bedding rental (pillow with case and comforter) for \$10**

Full/complete payment due by July 1 in order to hold your child's placement.



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Basic Rules and Expectations

Every camper and staff member agrees to follow all rules and expectations set forth by the Michigan Youth Bridge Inc.

Any behavior endangering the physical, spiritual or psychological well-being of a camper or staff member will not be tolerated. These include:

- possession of alcohol, tobacco or illegal drugs
- possession of weapons
- smoking
- leaving the camp premises
- racial or sexual taunts
- theft
- physical aggression
- destruction of property

**A VIOLATION OF ANY ABOVE RULE WILL RESULT IN DISMISSAL FROM CAMP.
Repeated disruptive behavior will also result in dismissal from camp.**

Camp is a place to learn Bridge and participate in recreational activities in a safe environment!

We will be technology free for the week, unless we teach BBO. 😊 **Campers will not be allowed to have cell phones, tablets, IPADS, IPODS, laser pointers or electronic hand-held games/devices of any kind at camp.** Please leave these items with your parent or staff at check-in.

Your signature on the camper application page means that you have read, understand and will comply with all rules.

I, _____, agree to follow all rules & expectations.
Camper's full signature

I, _____, have witnessed my child's signature and fully expect my child to comply with all rules & expectations.

CAMPER: If you have any bridge experience, what aspect of your game would you like to improve?



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Consent to Treat/Consent to Administer Medication

I, _____ represent that the information included here is correct. I give permission for my camper to take part in all camp activities under supervision unless limitations are noted here, and I agree that the camp or camp personnel will not be held responsible for accidents arising therefrom. I hereby give permission to the camp to provide medical health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation. In the event of an emergency: (for child) if I cannot be reached, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, injection, surgery and anesthesia for the person named; (for myself) and in which I am incapacitated and/or the emergency contact cannot be reached, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, injection, surgery and anesthesia for the person named below. This completed health form may be photocopied for trips out of camp. My signature below represents that the above information on this form is correct for the camper listed.

I understand that Michigan Youth Bridge Inc Camp (MYB) does *not* staff medical professionals. I further authorize MYBstaff to dispense non-prescription analgesics for minor medical problems such as headaches, sunburn, insect bites, etc. We may have medical professionals available, but NOT guaranteed. Complete instructions for other Rx's are set forth herein and sufficient amounts provided.

Stocked medications may include but are not limited to: Acetaminophen (e.g. Tylenol), ibuprofen, antacids (e.g. Tums, Pepto, Alka Seltzer), oral allergy medication (e.g. Benadryl, Sudafed), topical ointment (e.g. Benadryl cream, hydrocortisone), throat lozenges, antibiotic cream, anti-diarrheal meds, cold medication (e.g. Nyquil/Dayquil)

This authorization is effective during camp from drop off to pick up or from Airport Pick up to Airport Drop Off.

_____ Date _____

Signature of Parent or Legal Guardian

_____ Parent or Legal Guardian printed name

Camper Name _____ Gender _____ Birthdate ____/____/____

Camper's Physician _____ Office Phone (____) _____

Camper's Dentist _____ Office Phone (____) _____

Family Medical Insurance

Parents/guardians are financially responsible for healthcare costs. All campers must have health insurance during their stay.

Insurance Carrier or Plan Name _____ Carrier Phone (____) _____

Company/Guarantor _____

Group # _____ Policy # _____

Name of Insured _____ Relationship to Camper _____



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Health History Form (1 of 2)

Some emergency rooms ask for the parent's Social Security Number. It is not required that this information be provided to MYB but you may be asked by the hospital to provide it before they will treat your child.

Camper Name _____ **Date of Birth** _____ **SSN# xxx-xx-** _____

YES NO Does this child have any food allergies? If YES, please list and describe the type and severity of allergic reactions:

YES NO Does this child have any medicine allergies or medicines your child may not take? If YES, please list and describe the type and severity of reaction:

YES NO Does this child carry rescue medication? If YES, explain: _____

YES NO Does this child have any other **significant** allergies? If YES, please list and describe the type and severity of allergic reactions:

YES NO Does this child have dietary restrictions (due to medical condition) If YES, please list:

YES NO Has this child had surgery in the past 12 months? If YES, explain: _____

Describe any medical, psychological, emotional, or behavioral conditions the camp staff needs to know about in order to support and protect the welfare of your camper, to enable him/her to participate fully in the camp program, and to receive appropriate emergency care. (i.e., asthma, seizures, bed-wetting, menstrual issues, ADD/ADHD, autism, diabetes, migraines, etc.):

Describe preferred response if issues with these conditions arise. Attach an additional page if needed.



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Health History Form (2 of 2)

Camper Name _____ **Date of Birth** _____

Please list any activities in which the camper should NOT participate for health reasons.

Medication Policies

- Emergency medications, such as inhalers or EpiPens, may be kept in the camper’s possession. Other medications will be turned into the camp staff upon arrival.
- All prescription medications to be administered at camp must be sent WITH their prescription bottles. Ideally, medications will be placed in weekly pill organizers.
- Bring enough of each medication to last throughout camp.
- It is the responsibility of the camper to come to the designated camp staff to obtain his/her medications as prescribed.
- Attach any specific directions in writing.

If the camper takes prescribed or over-the-counter medications, please list them here (attach an additional page if necessary or use back)

For Female Campers: Has this person menstruated? Y / N If not, has she been told about it? Y / N

Has the camper had the following immunizations/vaccines:

Y / N Varicella (chickenpox) Y / N MMR (Measles, Mumps, Rubella)

Y / N Meningococcal (meningitis) Y / N Diphtheria, Tetanus, Pertussis

Date of last Tetanus Shot: ____/____/____

NOTE: The camp personnel will notify you or the emergency contact if your child displays the following:

- Any illness that persists longer than 24 hours, including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, or severe tiredness.
- Any injury that causes severe prolonged pain, discoloration and/or swelling.
- Any condition that cannot be sufficiently treated by camp personnel.
- Any condition requiring transportation to other medical services.



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CONSENT & RELEASE for MINOR CHILD

American Contract Bridge League

6575 Windchase Blvd. • Horn Lake MS 38637-1523
662-253-3100 • Fax 662-253-3187 • www.acbl.org

Michigan Youth Bridge, Inc

3631 Dorothy Lane, Waterford, MI 48329
248-760-1818

I hereby agree that the minor child _____ may be photographed, interviewed, questioned, make comments, be videotaped/filmed or otherwise recorded on terms hereinafter stated for use in a video production or other relevant promotional ventures by the American Contract Bridge League or Michigan Youth Bridge, Inc. ("Producer"). I give the Producer, its licensees, its assigns, etc. the right to use said minor's first name, likeness, identity, and the exclusive right to use, display and exhibit any or all of the photographs, videotape/film and/or interview for use in any manner, including, but, not limited to, broadcast or non-broadcast video, posting on the internet, and the advertising and marketing thereof. The Producer and its licensees and assigns may use, duplicate, and distribute by any means whether now known or hereafter developed the photograph, interview, video/film, or any portion of it, or related materials, without limitation. I acknowledge that Producer has complete discretion to edit or truncate the photograph, interview, video/film and the production. I understand that the Producer has no obligation to use or broadcast the photograph, interview film/video or production, and that I, or the minor child, will receive no monetary compensation for the rights granted herein. I irrevocably consent to any use by the Producer of the name and/or photograph of the minor child identified below in any manner and for any purpose, including, but not limited to, the advertising and promotion of the Producer and/or any of its programs, in any medium of communication or publication.

I completely release and hold harmless the Producer, its agents and assigns, from any and all claims and demands which may arise out of or are otherwise related to such use of the name and/or photograph, or video of the minor child identified below, including, but, not limited to, any and all claims and demands in relation to libel and invasion of privacy.

I represent that I am over eighteen years of age, and I may freely and competently contract for in my own name regarding the above and in the name of my minor child or children, or a child or children for whom I serve as a legal guardian.

I also acknowledge that this Agreement is the entire agreement and understanding between Producer and myself, and that it replaces and supersedes any other discussions and agreements between us. I did not hear and I am not relying on any statement or representation by anyone connected with Producer that affects, in any way, my decision to sign this agreement. I acknowledge that I cannot amend this Agreement orally and that any changed or amendment to this agreement must be in writing, signed by myself and the American Contract Bridge League (ACBL) and/or Michigan Youth Bridge, Inc.(MYB)

This Consent & Release shall also inure to the benefit of the legal representatives, employees, members, assigns, licensees, and consultants of the ACBL and/or MYB.

I have read the foregoing release, authorization and agreement before affixing my signature below, and warrant that I fully understand the contents thereof. I intend to be legally bound by this release which is governed by Michigan law.

Signature of Legal Guardian

Relationship

Print Name of Legal Guardian



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Camper Name _____

Curriculum Selection

Beginners and Second year take MYB 101 and MYB 201

More experienced campers can choose 6 of the day courses below.

The most popular 5 may be taught

<p style="text-align: center;"><u>_____ MYB101 Introduction to Standard American Bridge and Duplicate Play (mandatory year one) (Week long)</u></p>	<p style="text-align: center;"><u>_____ MYB201 Intermediate Declarer Play and Defense. (mandatory year two) (Week Long)</u></p>
<p>_____ MYB301 Advanced Declarer Play and Defense. End plays, Doubles, Redoubles, Squeezes Leads and Lead analysis Top of touching honors 3rd/5th leads vs 4th leads Coded 9s & Ts Discards: Odd-Even, Upside down Suit preference Count, Lavinthal</p>	<p>_____ MYB302 NT Response Conventions Survey. Stayman for majors, minors Double barreled Stayman Smolen Jacoby and Texas Transfers Responder Action over direct seat Defense double Gerber</p>
<p>_____ MYB303 NT Defense Conventions. DON'T Cappeletti Landy&Ripstra CRASH Suzy Transfers Brozel</p>	<p>_____ MYB304 Defense Conventions over Strong 1 Club, Strong 1Diamond, and Strong 2C. Suction Cliff over 1C Over precision 1D</p>
<p>_____ MYB305 Major Suit Responses Jacoby 2N Bergen Raises Bergen Jacoby 2N Splinter Ambiguous Splinter (Singleton or void) Jordan</p>	<p>_____ MYB306 Major Suit Defenses Takeout Double Cue bid weak or strong or Michaels & variations Colorful Unusual One & Two No Trump Over Calls Unusual over Unusual Action by responder over 2 suited overcalls</p>
<p>_____ MYB307 Slam Bidding Systems. Gerber & Blackwood Ace Identification Cue bidding Roman Key Card Blackwood Kickback, Minorwood, Exclusion Blackwood Grand Slam Force Queen Ask 2 suit RKC 4 NT Opening</p>	<p>_____ MYB308 Preempts and Defenses Namyats Suzy preempts Gambling 3 NT Takeouts Fishbein Cheaper minor Takeout NT takeout 4 level takeouts</p>
<p>_____ MYB401 Introduction to 2/1 with text book provided.</p>	<p>_____ MYB402 Introduction to Precision. CC Wei summary provided. DARE over interference</p>