

In the spirit of providing education & support throughout our rural region,

Bay Cliff Health Camp

is excited to present

A Family Camp Opportunity for Children with Cerebral Palsy

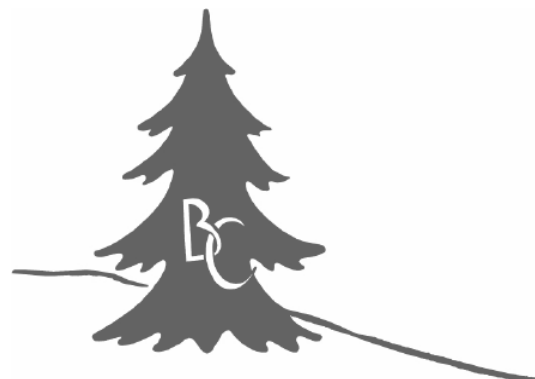
Saturday, April 21 – Sunday, April 22, 2012

Bay Cliff Health Camp
Big Bay, Michigan

All children with cerebral palsy (ages birth – 17) are invited to bring their parents/guardians and brothers & sisters to camp!

Topics will include:

- **Ask the Doctor** with Dr Mike Nidiffer
Dr Mike is a pediatrician and our camp physician.
- **Camp Activities** for Children
led by volunteers who are camp counselors during Bay Cliff's summer therapy camp
- **Parent to Parent Networking**
- **Family Time**



Cost: \$85.00 per family, which includes full-program, overnight accommodations, home-cooked meals, camp activities, s'mores & more! (Please note: If cost is a barrier to attend, please let us know.)

The program will start at 12 noon Saturday and end on Sunday around 1:30pm.
(Registration begins at 11:00am Saturday. There is the opportunity to attend church in Big Bay Sunday.)

Feel free to spread the word to other parents you know that have a child with C.P!
Registration deadline is April 10th.

Please contact Christy Osborn, Program Coordinator at Bay Cliff, with any questions.
Bay Cliff Health Camp • PO Box 310 • Big Bay, MI 49808
906-345-9314 • baycliff@baycliff.org

We hope you can join us!

Bay Cliff's "C.P. Family Camp"

2012 Registration Form

Child's Name: _____ Age: ____ Girl: ____ Boy: ____

Parent(s) Attending: _____

Sibling(s) Attending (indicate name, age, boy/girl): _____

Home Address: _____

Phone: _____ Email: _____

Have you been to Bay Cliff before? If so, when and what for? _____

Does anyone attending have any allergies or special dietary needs? _____

What do you hope to learn/experience? _____

Additional Comments: _____

Please check one:

I enclosed a check to pay for my family to attend, made payable to Bay Cliff Health Camp.

I will pay the \$85 fee when I arrive at Bay Cliff.

Please mail or fax this form by April 10th to: Bay Cliff Health Camp

P.O. Box 310

Big Bay, Michigan 49808

Fax: (906) 345-9890

We will send you an email to confirm that we received your registration form.

We look forward to seeing you at Bay Cliff this Spring!

Info for our Bay Cliff Volunteers while they are with your child/children...

Child's Name: _____ Age: ____ Girl: ____ Boy: ____

Allergies? _____

Special Needs? _____

Assist for Eating/Toileting? _____

Anything else you'd like us to know? _____

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Allergies? _____

Special Needs? _____

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Anything else you'd like us to know? _____

Child's Name: _____ Age: ____ Girl: ____ Boy: ____

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