



ProStart Restaurant Leadership and Culinary Camp!

June 26-29, 2016

**Eagle Village Campground
Hersey, Michigan**

Restaurant Leadership – Communication skills, marketing, management, and teamwork are all part of the curriculum. Leaders for these sessions will include recognized hospitality professionals and the corporate retreat trainers from Eagle Village!

Culinary Arts – Taught in small group rotations, students will play an active role in meal preparation. Rotations will include: fabrication, baking, menu development, and current food trends.

Eagle Village - A beautiful facility located just outside of Reed City. It specializes in summer camps for high school students and corporate retreats.

ProStart Restaurant Leadership and Culinary Camp

Open to students enrolled in a Michigan ProStart program. Applications MUST include a letter of support from your ProStart Educator.

Camp Price is \$300 that is payable in three equal installments. Applications packages and your first payment of \$100 is due Monday, November 16th, 2015. The second and third payments are due January 15th, 2016 and March 15th, 2016 respectively.

Parents are responsible for providing transportation to and from the camp. Students will need to arrive Sunday, June 26th between 2-4pm. Camp concludes on Wednesday, June 29th, with a parent luncheon prepared by the students at Noon.

Restaurant Leadership Skill Focus Areas:

- Communication skills
- Management Techniques
- Interview Skills
- Leadership Skills

Culinary Arts:

- Industry Chefs will lead small groups
- Pastry rotation
- Knife cuts and Fabrication skills
- Locally Sourced Food from Northern Michigan
- Nutrition and cooking with fresh ingredients

Summer Camp Experience

- Game Room
- Corporate retreat quality Ropes Course
- Rock wall climbs
- Campfire
- Allocated Swim Time

Lodging Facility will be the Peak Dormitory at Eagle Village and are included in the registration price. The Peak Dormitory has two separate sides of the building for sleeping, male and female sides. Additionally, each side of the building has a room for camp chaperones, which will include current ProStart educators.

A complete packing list will be provided upon registration. For more information, contact Amanda Smith at 800-968-9668 or asmith@mramail.org.

See you this summer!

ProStart Restaurant Leadership and Culinary Camp Registration Form

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

ProStart Program: _____

ProStart Teacher: _____

T-Shirt Size: _____ Chef Coat Size: _____

MUST PROVIDE CONTACT INFORMATION THAT IS VALID FOR SUMMER 2016

Home address: _____

Email address: _____ Phone: _____

Parents Name(s) _____

Email address: _____ Phone: _____

Registration Check List, Due Wednesday, November 16th 2015

- ☐ Complete Registration Form
- ☐ Eagle Village Form
- ☐ MRA ESF PARTICIPANT WAIVER AND RELEASE
- ☐ Security Deposit of \$100 made payable to MRA ESF, please call 800-968-9668 to pay by phone
- ☐ Letter of Support from ProStart Educator

Mail to: MRA ESF, 225 W Washtenaw, Lansing, MI 48933

Email: asmith@mramail.org

Fax: 517-377-3927



MRAESF
Michigan Restaurant Association Educational Support Foundation



PARTICIPANT WAIVER AND RELEASE

I (we) understand that I (we) hold Michigan Restaurant Association Educational Support Foundation (MRA ESF) and any affiliated entity, including the Michigan Restaurant Association, their officers, agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in the 2015 Michigan ProStart Restaurant Leadership and Culinary Summer Camp and related and surrounding activities, including but not limited to mandatory or optional events or tours (collectively "the event"). I (we) fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her own and/or parent/guardian.

Misconduct, which includes, but is not limited, to alcohol or drug use (**including cigarettes**), at "the event", or in activities or locations related to or surrounding "the event", may disqualify a participant or the participant's team from awards or further participation. Should any misconduct come to MRA ESF's attention, the matter will be investigated, as MRA ESF deems appropriate. Any decision and sanction as to appropriate action due to misconduct is at the sole discretion of MRA ESF, and is final. By entering into the contest, the student and the team accept this requirement as well as all other conditions of the program.

I (we) hereby consent that MRA ESF, its representatives, successors or assigns, shall have the right to publish or use any photographs, movie films, video tapes, digital images and/or sound recordings, submitted text or any part thereof, they have taken or made of me (student) on this date or in which I (student) may have been included, for publicity, advertising, Internet usage or any other lawful purpose in conjunction with my (student) own or a fictitious name or image, or in reproductions thereof in color.

I (we) hereby waive all claims for any compensation for use or for damages.

I (we) hereby waive any right that I (we) may have to inspect and/or approve the finished product or the use to which it may be applied.

I (we) hereby warrant that I (we) have every right to contract in my (student) own name in the above regard. I (we) state further that I (we) have read the above authorization and release, prior to its execution, and that I (we) am fully familiar with the contents thereof.

This form must be completed and signed before students are eligible to participate in the 2015 Michigan ProStart Competition. I (we) have read, understand and agree to comply with the information in this document.

Name of Student (print)			
Name of Career Center			
Student Email		Telephone	
Emergency Contact		Telephone	
After you graduate, do you plan to study restaurant management or culinary arts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you plan to pursue a career in the restaurant & food service industry? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Student Signature		Date	
Parent/Guardian Name (print)			
Parent or Guardian Signature		Date	

Completed, signed Participant Waivers may be mailed with Registration form or faxed to 517-702-3955.

Questions contact Amanda Smith, asmith@mrmail.org or call 517-377-3927.

Due November 16, 2015

Eagle Village Camp and Retreat Center
General Release of Liability, Waiver of Claims, Assumption of Risks,
Hold Harmless, Indemnity Agreement, and Medical Form

Participant Name: _____ **Date of Birth:** _____ **Age:** _____

Address: _____

City

State

Zip

If participant is a minor, name of parent/guardian:

Person to be notified in the event of an emergency:

Relationship to Participant: _____ **Phone:** _____

If participant is a minor, persons with whom minor may not have contact:

Does the participant have any special needs, physical limitations, or any known allergies? **NO** **YES**
If yes, please explain.

Is the participant taking any medications? **NO** **YES**
If yes, please list name of medications and times of dispensation.

Has the participant recently been exposed to contagious or infectious diseases? **NO** **YES**
If yes, please specify disease and date of exposure.

Are the participant's immunizations are up to date **NO** **YES**
Date of last Tetanus shot: _____

Name of Participant's Physician: _____ **Phone:** _____

The above named participant intends to attend and take part in the programs of Eagle Village, Inc. The person signing this document represents and warrants to Eagle Village, Inc. that he/she is authorized to a.) grant permission for the participant to take part in such programs, and b.) sign this document. All programs are based in and from the State of Michigan.

In consideration of crossing, renting, participating in, using, or otherwise being present in or upon the programs, facilities, and private properties of Eagle Village, Inc., located at business address 4507 170th Ave., Hersey, MI 49639, which includes all properties held by and/or titled to Eagle Village, Inc. . . .

1. I realize that Eagle Village, Inc. intends to take all necessary precautions against injuries and accidents. I, the undersigned, for myself, and my estate, heirs, administrators, executors, and assigns, hereby release, forever discharge, and hold harmless Eagle Village, Inc. and its transferees, successors, and assigns (collectively the "Releasees") from any and all liability and responsibility whatsoever, however caused, for all damages,

claims, demands, and/or cause of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the above named participant's attendance or participation in any program or activity under the direction and/or supervision of Eagle Village, Inc. or my presence in, on, or upon the properties of Eagle Village, Inc. (all of which is hereafter collectively referred to as the "Activities"), whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise. Activities offered by Eagle Village, Inc. in which the above named participant may participate may include but are not limited to the following:

High Ropes Course	Evening Programs – games, hikes, etc.	Rappelling Tower
Dynamic High Adventure Elements	Canoeing	Cross Country Skiing
Rock Climbing Wall	Swimming	Snow Tubing
Cooperatives and Initiatives		

2. I fully understand there are potential risks and hazards associated with the Activities and with Eagle Village, Inc., which is a natural area and which includes a body of water, falling/fallen timber, ruts, and holes, recreational and experiential facilities, and local wildlife. I have voluntarily chosen/granted permission to the above named participant to participate in the Activities and/or to be in, on, or upon the property of Eagle Village, Inc., and I voluntarily assume all risks and responsibility for any resulting loss, property damage, illness, personal injury, and/or death, whether caused by negligence of the Releasees, accident, deliberate act, omission, or otherwise. I further agree to make restitution for any damages incurred while the above named participant participates in the Activities and/or is present in, on, or upon the property of Eagle Village, Inc.
3. I further hereby agree to indemnify and hold harmless the Releasees from any loss, liability, damage, judgment settlement, or costs, including court costs and attorney fees, that the above named participant may incur due to his/her participation in the Activities or his/her presence in, on, or upon the property of Eagle Village, Inc., whether caused by negligence of the Releasees, accident, deliberate act, omissions, or otherwise.
4. I hereby grant permission to Eagle Village, Inc., which is licensed by the State of Michigan, to administer medications and to secure routine non-surgical medical care and emergency medical or surgical treatment for the above named participant while the participant is participating in the Activities and/or while he/she is otherwise on the premises of Eagle Village, Inc. I further understand that Eagle Village, Inc. does not maintain any medical insurance policies covering any circumstance arising from the participant's participation in the Activities or his/her presence in, on, or upon the properties of Eagle Village, Inc. I transfer and assign to any hospital or clinic in which the above named participant is confined or treated all hospitalization and insurance proceeds which may be paid to me/us. I further agree to pay any amount not covered by insurance. If the above named participant is a minor, the participant's group leader or an Eagle Village, Inc. staff member will notify the participant's parent or authorized person should the participant require a physician's attention for illness or injury.
5. I hereby grant Eagle Village, Inc. permission to use a photograph or other image or likeness of the above named participant for use in Eagle Village, Inc. approved publicity, including, but not limited to, brochures, newspapers, magazines, radio, and television. If the following box is checked, I do NOT grant permission for the use of the participant's image or likeness in publicity. ☐
6. In signing this agreement, I acknowledge and represent that I have read and understood this document, that I sign it voluntarily, and that no oral representations, statements, or inducements have been made. I am at least eighteen years of age and fully competent. I understand that I am giving up substantial rights by signing this document and voluntarily agree to be bound by it.

Signature of Participant, Parent, or Authorized Person:

_____ **Date:** _____

If Parent or Authorized Person, please print name below:

Address if different from the above named participant:

City **State** **Zip**

Home Telephone: _____

Cell Phone: _____

Work Phone: _____