

DAY CAMP REGISTRATION & MEDICAL FORM (Please Print)

For congregation and FLBC records

Camper's Name _____ Age _____ Grade Entering _____

Parent/Guardian Name _____ Email Address _____

Residential Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Information (must be someone other than parent/guardian listed above):

Contact Name _____ Relationship to Camper _____ Phone Number _____

Insurance Company _____ Insurance Policy # _____ Insurance Company Phone # _____

Primary Physician Name _____ Primary Physician Phone # _____

Health History

Any special concerns or recurring illness: _____

Specific activities to be limited: _____

Current medication or medical treatment: _____

YES NO All immunizations required for school are up to date. Date of last Tetanus Shot: _____

Dietary concerns/allergies: _____

Allergic to: Penicillin ___ Bee Stings ___ Other (specify): _____

Anything else the Camp staff should be aware of to better care for this camper? _____

PARENT/GUARDIAN EMERGENCY MEDICAL TREATMENT APPROVAL

EMERGENCY AUTHORIZATION: In the event I cannot be reached, I give permission to medical personnel to order X-rays, routine tests, and treatment for my child. If I cannot be reached, I give permission for a qualified physician to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child.

I CONSENT TO THE USE OF ANY PHOTOGRAPH OF MY CHILD IN FUTURE PUBLICATIONS OF FLATHEAD LUTHERAN BIBLE CAMP.

Signature of Parent or Guardian _____ Date _____

Welcome! We are thrilled that you are joining us for Day Camp!



Before your arrival we ask that you:

1. Not come if you are sick
2. Be able to answer these questions with a No or explanation:
 - A. Has your camper been diagnosed with Covid-19 Y N
If so, when _____
 - B. Has your camper been in contact with anyone diagnosed with Covid-19? Y N
If so, how long ago? _____
 - C. Has your camper had a fever in the last 14 days? Y N
 - D. Has your camper experienced loss and / or change in taste and smell? Y N

*Our Mission:
Experience Christ's grace
through meaningful
relationships,
shared adventures, and
purposeful service.*

PARTICIPATION AGREEMENT & WAIVER:

1. **Acknowledgement of Risk:** I acknowledge that participating in camp programming entail known and unanticipated risks that are inherent to the sport or recreational opportunity. Inherent risks associated with camp sports and recreational opportunities include, but are not limited to: inclement weather, wild animals, insect bites and stings, sunburn, high altitudes, blisters, cold water, strenuous exercise, cold and hot temperatures, lightning, irregular footing, water born bacterial infection, falling, drowning, and automobile or van travel. These risks could result in physical or emotional injury, paralysis, death or damage to me/my child/my minor of which I am the guardian, to property or to third parties.
2. **Assumption of Risk:** I expressly agree and promise to accept and assume all risks existing in and associated with camp sports and recreational opportunities. My child's/my minor of which I am the guardian's participation in camp sports and recreational opportunities is purely voluntary, and I elect to participate, or have my child/minor participate, in spite of the risks.
3. **Risk of COVID-19:** COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Flathead Lutheran Bible Camp (FLBC) programs could lead to the risk of contracting COVID-19. Flathead Lutheran Bible Camp in no way warrants that COVID-19 will not occur through participation in FLBC. Masks are required in all indoor public spaces, except when eating.
3. **Certification of Insurance:** I certify that I have adequate insurance to cover any injury, illness, or damage I/my child/my minor of which I am the guardian may cause or suffer while participating, or else I agree to bear the costs of such injury, illness, or damage myself. I further certify that I/my child/my minor of which I am the guardian have no medical or physical conditions which could interfere with my/his/her safety in this activity, or else I am willing to assume—and bear the cost of—all risks that may be created, directly or indirectly, by any such condition.
4. **Waiver of Liability:** Acknowledging such risks, I hereby release and discharge FLBC, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child/my minor child of which I am the guardian may suffer while participating in a camp sport or recreational opportunity.
5. **Indemnification:** I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless FLBC from any and all claims, demands or causes of action, which are in any way connected with my/my child's/my minor of which I am the guardian's participation in a camp sport or recreational opportunity or my/my child's/my minor of which I'm the guardian's use of FLBC's equipment or facilities (not excluded by § 27-1-753(4)), including any such claims which allege ordinary negligent acts or omissions of FLBC.
6. **Attorney Fees:** Should FLBC or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs to the greatest extent allowable by law.
7. **Enforceability of Agreement:** I agree that if any portion of this agreement if found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Your signature indicates that you completed the above questions to the best of your knowledge and understand that arriving to camp healthy is vital to a healthy camp for all campers. I/We have read through the participation agreement & waiver.

Print your camper's name: _____

Signature of Parent or Guardian _____ **Date:** _____