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CAMP COPASS, INC.

8200 E. McKinney Street, Denton, TX 76208 940-565-0050 (phone) 940-382-9984(fax) www.campcopass.com T-Shirt Sizes (circle size)

Youth S M L XL

Adult S M L XL XXL XXXL

CAMPER AND COUNSELOR REGISTRATION & HEALTH FORM

Name:	Date of Camp:			Sex: (M/F)
Birth Date: Age: _	Grade Comple	eted by End of Scho	ool Year	
Street Address:		City	State	Zip
Name of Church Camper is attending Camp wi	ith	Cit		
Parent/Legal Guardian:		Relation	ship	
Phone Number: Daytime	Evening	Ce	II	
Parent/Legal Guardian Email:				
Emergency Contact Information Other Than Pa	arent/Legal Guardian	:		
Name	Cell		Relationship	

PARENT/LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Camp Copass agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the event at Camp Copass.

2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITIES

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my family/personal health and accident insurance will be the primary coverage.

4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless Camp Copass, Inc., and its board members, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Camp Copass.

5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstance require. I further authorize Camp Copass health staff to render first-aid and to oversee the administration of medications as prescribed along with the dosage details by parent or guardian on the *Dosage & Frequency Chart*.

6. NON PRESCRIPTION MEDICATIONS

I give my permission to the camp's First Aid Station supervisor, or First Aid Station staff, to administer non-prescription, over-the-counter medications to my child based on symptoms (not a diagnosis). For example, but not limited to, Tylenol or Ibuprofen for mild fever or pain; Benadryl or Claritin for allergy symptoms; Pepto-Bismol for diarrhea; cortisone cream for bug bites; calamine lotion for poison ivy; swim ear drops for swimmer's ear, etc.

7. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child.

8. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

9. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Camp Copass.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the Release and Hold Harmless Agreement.

Camper's Name	Church	
INSURANCE INFORMATION (You may attach a		
Insured's Member's Name	Member ID	- 49m
Health Insurance Provider	Group ID	Voline A
Health Insurance Provider Phone Number(s) _		- Conge
Primary Care Physician's Name	Phone	40692
GENERAL HEALTH INFORMATION (attach addition list any health concerns/issues that would be in the second list any chronic or recurring illnesses or disease	relevant to an attending physician in the case of an emergenc	y:
	allergies:	
List any pre-existing injuries which occurred be	efore coming to camp:	
Date of last tetanus shot:	Please attach a copy of the camper's current shot r	ecords.

CAMPER MEDICAL POLICY AND INSTRUCTIONS

- 1. All medications must be properly labeled and kept in original containers. Check expiration dates. No expired medications will be given.
- 2. All prescription and non-prescription medications must be turned in to camp First Aid Station personnel upon arrival at Camp Copass.
- 3. All medications must be stored and dispensed from area designated for such purposes (except EpiPens or emergency inhalers). Campers are not allowed to keep or self-administer any medication in accordance with the Texas Department of State Health Services regulations.
- 4. Diabetics must bring a copy of their Diabetes Management Plan.
- 5. Non-prescription medications such as vitamin supplements or pain relievers will be given only according to the age and dosage restrictions and instructions listed on the package unless a doctor's order is provided.
- 6. EpiPens or emergency inhalers may be kept with the camper. First Aid Station personnel must be notified immediately when a camper uses an EpiPen. If asthma symptoms are not relieved after using an inhaler, camper is to be brought to the First Aid Station for evaluation.
- 7. List all medications, dosage and indicate after breakfast, lunch, dinner or bedtime on the Medication Dosage and Frequency Chart.

MEDICATION DOSAGE & FREQUENCY CHART

Place all medications and a copy of this page in a heavy-duty, quart sized zip-lock bag. Print the camper's name and name of church on the outside of the zip-lock bag with a permanent black marker. If necessary, make additional copies of the chart.

MEDICATION	DOSAGE/TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
					-	
						<u> </u>



<u>Assumption of the Risk and Waiver of Liability Relating to</u> Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic **and COVID-19** is **extremely contagious** and is believed to spread mainly from person-to-person contact.

Camp Copass (the "Camp") has put in place preventative measures to reduce the spread of COVID-19; however, the Camp **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending the Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Camp Copass and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp employees, volunteers, and program participants.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Camp Copass or participation in the Camp programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Camp Copass, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Camp Copass, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Camp program.

(initial) I understand that when my child(ren) leave Camp Copass that there are enhanced risks for t camper(s) to be in direct contact with anyone age 65 or older for 14 days after the end of the camp session					
Signature of Parent/Guardian	Date				
Print Name of Parent/Guardian	Name of Camp Copass Participant(s)				