



### CAMP J.A.M. Information Form

Child's Full Name: \_\_\_\_\_

T-Shirt Size: Youth  14 – 16 Adult  S  M  L  XL  XXL

Parent's home and work phone numbers including area codes:

Mother/Guardian: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Father/Guardian: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Please review the Camp J.A.M brochure for a description of activities that will take place during the camp program. If you or your child's physician do not want your child to participate in a specific activity, please state such below:

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that I have chosen for him/her to participate in the Arthritis Foundation, Gertrude and Harry G. Fins Camp J.A.M. 2015 program at Covenant Harbor in Lake Geneva, WI.

I hereby waive any and all rights and claims for damages and any or all injuries suffered in connection with said event I or my child may have against the Arthritis Foundation, Heartland Region, Covenant Harbor, the camp staff or any other individuals associated with the said event and their representatives or successors. I understand that none of the above are responsible for the loss or damage of personal items in connection with the said event.

I will allow his/her address to be added to the Camp J.A.M. address book to be distributed to all campers at the end of Camp J.A.M. 2014 as well as grant to the Arthritis Foundation, the right to use, reproduce, edit, exhibit, distribute, publish, display or transmit any photograph or video of my child without limitation restriction, review, approval, consideration or compensation, except where and to the extent prohibited by law.

I hereby waive any and all rights and claims on any photos of my child taken by the Arthritis Foundation, its employees or individuals associated with the Arthritis Foundation, Covenant Harbor, the camp staff or any other individuals associated with the said event and their representatives or successors.

Parent authorization: This health history is correct as far as I know. I give my permission for my child to participate in all activities except those noted on the physician consent form, if any. I hereby give permission for the camp staff and nurses to select and seek medical treatment for my child should such a need arise and in the event of an emergency, if I cannot be reached, I give permission to the medical personnel to hospitalize, secure treatment for, and/or order any other medically necessary interventions for my child.

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Covenant Harbor Waiver

### Participant Information

Name	_____	Group	_____
Address	_____		
City/State	_____	Zip	_____
Phone	_____	Age if under 18	_____
Any limitations to participation? (physical, medical, behavioral) _____			
_____			
Any allergies? (food, drug, environmental) _____			
If food allergy: <input type="checkbox"/> Mild / preference / guest can self manage <input type="checkbox"/> Moderate / guest can self manage <input type="checkbox"/> Serious / life threatening			
Other participation concerns? _____			
Emergency Contact	_____	Relationship	_____
		Phone	_____
Wisconsin statute HFS 175.15 requires camps obtain names and home address of every participant including emergency contact information			

### Release and Waiver of Liability

I hereby give my consent to have the above-named Participant fully participate in all camp activities, outings and field trips conducted on and off the campus of Covenant Harbor recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Harbor has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Harbor nor its trustees, officers, directors, employees, agents or representatives may be held liable in any way for any injury, harm, damage or death which may occur to the above Participant as a result of participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Participant should he/she require such assistance. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Participant. I agree to allow Covenant Harbor to transport Participant as needed and to use a photocopy of this form as my authorization when necessary. Covenant Harbor may use the Participant's photo, films, digital images, videotapes and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Participant Signature/  
Legal Guardian (if minor) \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_