



# Family Camp Consent Form 2012

Mail or fax with registration form to: 1724 W Main Street • Lake Geneva, WI 53147  
Phone: (262) 248-3600 • Fax: (262) 248-6814 • www.covenantharbor.org

This form is to be completed by the parent/guardian of any minor who is attending family camp with another family or chaperone. Please fill out completely and send in with the registration form.

## Family Information - contact information for parent/guardian of minor attending family camp

1: Last, First, M.I. \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

2: Last, First, M.I. \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Participant Information - list all minors attending. Attach separate paper if necessary.

Name: \_\_\_\_\_ Date of Birth: - - \_\_\_\_\_ Gender: M / F Grade (2011-12): \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: - - \_\_\_\_\_ Gender: M / F Grade (2011-12): \_\_\_\_\_

## Health Information - Fill out for each participant and attach additional information if necessary.

Participant Name: \_\_\_\_\_  No known allergies or restrictions.

Food (or other significant) Allergies \_\_\_\_\_ Describe reaction and management of the reaction. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Activity Restrictions - list or describe conditions which will impact camp participation or require special assistance. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Participant Name: \_\_\_\_\_  No known allergies or restrictions.

Food (or other significant) Allergies \_\_\_\_\_ Describe reaction and management of the reaction. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Activity Restrictions - list or describe conditions which will impact camp participation or require special assistance. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Permission

I hereby give my consent for \_\_\_\_\_ to be placed in the care of \_\_\_\_\_ while participating in family camp at Covenant Harbor.

Signature of parent(s)/guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Consent and Release** 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, including the ordering and administering of medications. 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.

This release is approved for the following participants (list all): \_\_\_\_\_

Signature of parent(s)/guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_