



P.O Box 267 Clayton, OK 74536
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CAMPER / COUNSELOR REGISTRATION, HEALTH & WAIVER FORM

THIS FORM IS REQUIRED FOR EVERY PERSON IN YOUR GROUP **NO PETS ALLOWED**

REGISTRATION

Camper Name: _____

Camper Phone: _____ Male: _____ Female: _____

Camper Age: _____ Camper Birthday: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Address: _____

Attending Church: _____

HEALTH

Camper Shot Records (These are required for any medical treatment that may be required)

Last Date Administered:

Measles _____

Hepatitis A _____

Mumps _____

Hepatitis B _____

Rubella _____

Tetanus _____

Meningococcal _____

Diphtheria _____

Allergies or Restrictions - Please list:

Any Medical or Special Treatment - Please list:

Authorization for Medical Treatment

By signature I agree that this information is accurate and true. By signature I give permission for diagnoses, therapeutic, and operative procedures as deemed necessary.

Guest Signature: _____

Parent/Guardian Signature (If guest is under 18): _____

Please print first and last name as signed above: _____

WAIVER

Campers who have not had their 13th birthday, and anyone who cannot pass a basic swim test are required to wear a U.S. Coast Guard approved flotation devices while participating in swimming or boating activities.

Also, additional activities that may be offered at camp include basketball, canoe, challenge course, hiking, volleyball, horseshoes, kayak, paddle boat, paintball, softball, swimming, waterslide, zipline, etc.

As Parent/Guardian I give my permission for my child to participate in all activities at Minnetonka Christian Camp, and waive any liability on the part of Minnetonka Christian Camp.

Consent for camper participation in activities, and for the use of images or recordings of camper without compensation

Guest Signature: _____

Parent/Guardian Signature (If guest is under 18): _____

Please print first and last name as signed above: _____

COVID-19 WAIVER

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

Minnetonka Christian Camp has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 at Minnetonka Christian Camp. However, Minnetonka Christian Camp cannot guarantee that you or your child will not become infected with COVID-19. Further, attending a Minnetonka Christian Camp summer camp could increase your child's risk of contracting COVID-19.

By signing the agreement, I assume the risk that my child, myself, and other family members may be exposed to or infected by COVID-19 by attending any camps and activities at Minnetonka Christian Camp, and that such exposure or infection may result in personal injury, illness, permanent disability or death.

I understand that the risk of becoming exposed to or infected by COVID-19 at Minnetonka Christian Camp may result from actions, omissions, or negligence of myself, my child and others, including, but not limited to, Minnetonka Christian Camp employees, volunteers, other campers and their families. I voluntarily agree to assume

all of the foregoing risks and accept sole responsibility for any injuries to my child, myself, and other family members (including, but not limited to, personal injury, disability or death), illnesses, damages, losses, claims, liability, costs or expenses, of any kind (collectively, "Claims"), that I, my child and our family may experience or incur in connection with my child's attendance at Minnetonka Christian Camp summer camps and programs.

On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Minnetonka Christian Camp, its employees, volunteers, 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 Minnetonka Christian Camp, its employees, volunteers, agents, and representatives, whether a COVID- 19 infection occurs before, during or after participation in a Minnetonka Christian Camp summer camp program.

Symptoms of COVID-19 may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

By initialing in each box, I agree to the following:

___ I understand the above symptoms and affirm that I, and my household members, do not have and am not experiencing the symptoms listed above within the last 14 days.

___ I affirm that I and those in my household have not been diagnosed with Covid-19 in the past 30 days.

___ I have not knowingly been exposed to anyone diagnosed with COVID-19 within the past 30 days.

___ I affirm that I have not traveled outside of the country within the past 30 days.

Guest Signature: _____

Parent/Guardian Signature (If guest is under 18): _____

Relationship to Guest (If guest is under 18): _____

Please print first and last name as signed above: _____