



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 Completed by End of School Year _____

Street Address: _____ City _____ State _____ Zip _____

Name of Church Camper is attending Camp with _____ City _____

Parent/Legal Guardian: _____ Relationship _____

Phone Number: Daytime _____ Evening _____ Cell _____

Parent/Legal Guardian Email: _____

Emergency Contact Information Other Than Parent/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.

PARENT/GUARDIAN'S SIGNATURE

DATE



**Assumption of the Risk and Waiver of Liability Relating to
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 the 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)

Camp Leader
Please submit online
by May 28, 2021

Trek Time Sign-Up Sheet 2021

(one per camper please)

Camper Name: _____

Church Name: _____

Please circle one: TREK 1 July 12-16 TREK 2 July 19-23 TREK 3 July 26-30

Grade Completed: _____ Please circle one: BOY or GIRL

Mark your 1st, 2nd and 3rd choices for each day in the spaces provided.

TUESDAY		WEDNESDAY		THURSDAY	
Archery		Archery		Archery	
Art		Basketball		Art	
Bazooka Ball		Canoeing		Bazooka Ball	
Canoeing		Ceramics		Canoeing	
Fishing		Fishing		Dodgeball	
Football		Gaga Ball		Fishing	
GaGa Ball		Indoor Cooking		GaGa Ball	
Indoor Cooking		Jewelry Making		Jewelry Making	
Journaling		Lego Building		Lego Building	
Lego Building		Low Ropes		Low Ropes	
Low Ropes		Outdoor Cooking		Martial Arts	
Martial Arts		Paper Art		Outdoor Cooking	
Shooting Gallery		Shooting Gallery		Ropes	
Ropes		Weird Science		Shooting Gallery	
Weird Science				Weird Science	

Camp Leaders, please help your campers make wise choices for their TREK times each day. We will do our best to make their first choice the one they get.

**Camp Copass
Ropes Course (persons age 8 & up only)**

Agreement to Participate; Assumption of Risk and Release of Liability

PLEASE READ BEFORE SIGNING.

Whereas, THE UNDERSIGNED, _____, (“the PARTICIPANT”) wishes to participate in a ropes course experience organized and conducted by a certified ropes course facilitator employed by Camp Copass of Denton, Texas; and in consideration of CAMP COPASS’s action in allowing the participant to take part in such a program.

The undersigned acknowledges that during the said ropes course experience the participant has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to, travel to and from the CAMP COPASS facilities, the hazards of walking over uneven camp terrain, depending on other people and being at various heights (ground to 50’), accident, and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur, including accidents resulting from this ropes course experience or other type of activities, whether conducted outdoors or inside an CAMP COPASS facility. I further understand that in participating in the activities I am requesting to participate in, I will be exposed to the effects of high altitude and the elements of nature, including temperature extremes and inclement weather. I further understand that medical treatment is a minimum of ten miles away in the city of Denton, Texas in the event of a medical emergency.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this ropes experience. I have listed on the health and registration form any medical condition that CAMP COPASS should be aware of which may hinder my participation in the ropes course experience.

In consideration of, and as part payment for the right to participate in such an experience and the services and food arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents, and/or Associates, I have and do hereby assume all the above risks and any other ordinary risk incidental to the nature of the trip which are not specifically foreseeable, and will hold them harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I now have or which may arise from or in connection with my program or participation in any other activities arranged for me by CAMP COPASS, its Supporting Churches, Directors, Officers, Employees, Agents and/or Associates, and their heirs, executors and administrators, successors and assigns and for all members of my family, including any minors accompanying me. In short, I cannot sue CAMP COPASS, and if I do I cannot collect any money. In addition, I will be liable for Attorney and Court fees associated with any litigation against CAMP COPASS. I also state that I am not under, and will not be under the influences of any chemical substance, including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this CAMP COPASS program is entirely VOLUNTARY. I enter into this experience and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

FOR MINORS: As parent or guardian of _____, the undersigned, I hereby state that I have read, I understand, and I willingly grant my permission for _____ to participate in the ropes course experience at CAMP COPASS of Denton, Texas. I agree to all of the terms stated above in their entirety.

Parent/Guardian Signature (for participants under age 18)

Name of Participant (please print)

Name of Church/Group participating

Date of Event

Signature of Participant/Date

Signature of Witness/ Date