

Game Night



Check attending days: 1 (2/1) _ 2 (2/8) _ 3 (2/15) _ 4 (2/22) _

Camper Information

First Name: _____ Middle: _____ Last: _____ Preferred: _____

Permanent Address: _____

City, State, Zip: _____

Phone: _____ Grade: _____ Date of Birth: _____ Gender: M ☐ F ☐

Guardian #1 Information

First Name: _____ Last Name: _____

Street Address: _____ City, State, Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Relational to camper: _____

Guardian #2 Information

First Name: _____ Last Name: _____

Street Address: _____ City, State, Zip: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Relation to camper: _____

Emergency Information

Name: _____ Cell Phone: _____ Home Phone: _____

Relational to camper: _____

Please list all names your camper may be released to at the end of the night. Manitoqua staff will only release campers to persons listed.

HEALTH INFORMATION

HIPAA regulations require us to have your permission before disclosing any health information to the necessary camp staff.

May we disclose this information? ☐ Yes ☐ No

Please check all that apply...

☐ General good health ☐ Behavioral conditions ☐ Diabetes ☐ Cognitive/Emotional conditions
☐ Asthma ☐ Recent operations ☐ Recent injuries ☐ Heart conditions ☐ Other (Please describe) _____
☐ Please list all allergies (Food, Medication, Environmental, Insect Sting, Anesthesia, Other) _____

INSURANCE INFORMATION

Family Health Insurance Company _____

ID Number and/or Group Number _____

Year of last Physical _____ Year of last Tetanus Booster _____ Family Physician _____

Phone: _____

Parent/Guardian signature, Parental Medical Consent, and Liability Release We (I) are (am) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in all of the activities and programs. In consideration for being accepted by Manitoqua Ministries for participation in all sponsored activities, trips, and programs, we (I), being 21 years of age or older, do for ourselves and for and on behalf of our (my) child-participant do hereby release, forever discharge and agree to hold harmless Manitoqua Ministries, Inc./Camp Manitoqua and the directors thereof from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in activities. Furthermore, we (I) and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in activities involved therein. Further, authorization and permission is hereby given to Manitoqua to furnish any necessary transportation, food and lodging for this participant, and permission is given for the use of photographs of my child for publicity purposes. The undersigned further hereby agrees to hold harmless and indemnify Manitoqua, its directors, employees and agents, for any liability sustained by Manitoqua as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. Further, we (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical stay of a licensed hospital, whether such diagnosis or treatment is rendered at the once of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Manitoqua. Furthermore, we (I) understand that all campers are expected to behave appropriately and follow camp policies at all times. We (I) understand that Manitoqua has disciplinary and other policies in place and will abide by such policies. We (I) understand that if the child-participant violates these policies or causes Manitoqua to change, break, or otherwise alter its policies, Manitoqua may dismiss the child-participant, deny certain activities to the child-participant, or refuse to accept the child-participant for subsequent program events solely at the discretion of the Executive Director, Program Director, or Program Coordinator. Campers dismissed from camp will NOT receive a refund. In addition, I have read and understand the additional guidelines on page 1.

Unsigned forms cannot be processed. I HAVE READ AND AGREE TO ALL MANITOQUA POLICIES. Please sign & return to: Camp Manitoqua, 8122 Sauk Trail, Frankfort, IL 60423

Parent Signature: _____ Date: _____

God's Spirit Changing Lives

8122 W. Sauk Trail • Frankfort, IL 60423 p: 815.469.2319 f: 815.469.8459 w: manitoqua.org