

CAMP VISTA

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www.campvista.org

2022 - REGISTRATION FORM

For office use only:

Participant's name: _____ Birth Date ____/____/____

Parent (guardian) name: _____ Tel 1: (____) _____ Tel 2: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

E mail: _____

Family Doctor Name _____ Phone (____) _____

Physical conditions that event organizers should be aware of _____

(choroby i dolegliwości, o których organizatorzy powinni wiedzieć)

Medical insurance:

- participant's agency name and policy#: _____
- purchased for the time period of the event** from: _____ to: _____ Insurance name: _____
- none (parents/guardians are fully responsible for the medical/accidental expenses if any)

Wybór turnusu i opłata:

Prosimy zaznaczyć poniżej turnus, na który mamy zarejestrować uczestnika poprzez wpisanie wielkości depozytu (**minimum \$100**) w tabeli poniżej. Wypełnioną formę wraz z czekiem lub money order należy wysłać na adres Camp Vista (nie przyjmujemy kart kredytowych). **Cena w tym roku jest o \$25 wyższa i będzie wynosić \$620.** Opłata za drugie i kolejne dziecko **z tej samej rodziny** w tym roku jest niższa o \$80 od ceny podstawowej.

	TURNUS / TERMIN / WIEK	CENA		DEPOZYT (wpisać sumę)	UWAGI (np. specjalne uzdolnienia, z kim w grupie, czy junior counselor, itp)
		1-sze dziecko z rodziny	2-gie dziecko i każde następne		
<input type="checkbox"/>	1 turnus, 26 Jun - 1 Jul 7-12 lat	\$620	\$540	\$	
<input type="checkbox"/>	2 turnus, 3 - 8 July 7-12 lat	\$620	\$540	\$	
<input type="checkbox"/>	3 turnus, 10 - 15 July 8-14 lat	\$620	\$540	\$	
<input type="checkbox"/>	4 turnus, 17 - 26 July 8-14 lat (10 days)*	\$995	\$915	\$	
<input type="checkbox"/>	5 turnus, 31Jul - 5 Aug 8-14 lat	\$620	\$540	\$	

*turnus 10-cio dniowy sugerowany dla dzieci/młodzieży które już były wcześniej na koloniach

Dziecko będzie: uczestnikiem kolonii

junior counselor (od 14 do 16 lat, cena taka sama)

**) Ubezpieczenie na czas trwania kolonii można wykupić bezpośrednio w Travel Insured, tel: (800) 243-3174, www.travelinsured.com, lub w innej preferowanej przez Państwo agencji ubezpieczeniowej.



Signature of parent (or guardian)

_____/_____/2022
Date

Release, Indemnification and Hold Harmless Agreement

PARTICIPANT NAME: _____

(please PRINT)

IDENTIFICATION AND ACKNOWLEDGEMENT OF RISKS

I understand, that Vista Christian Retreat (commonly known as Camp Vista) program primarily conducted in the outdoors. Program activities such as, but not limited to, swimming, soccer, basketball, volleyball fishing, using air guns, horseback riding, rock climbing, wilderness travel, ropes course activities, lake/river activities, skiing, climbing walls, biking, backpacking, hiking, airplane rides, transportation to and from the activity site, and many others may result in property damage or fatal injury. Dangers also inherent to lakes & rivers, forces of nature such as darkness, heavy rain, lightning, strong winds, extremes of heat and cold, biting insects and animals may cause an accident or serious injury. I understand that although Camp Vista has taken reasonable precautions to provide proper equipment, suitable facilities, and trained staff, it is impossible to guarantee totally negligence free environment, absolute safety against illness, injury, or loss resulting from participation. I acknowledge the risk inherent in camp program and agree to assume that risk

ASSUMPTION OF PERSONAL RESPONSIBILITY

I certify, that participant have no communicable diseases. I will notify Camp Vista in writing of any medical or emotional condition that may restrict safe participation in the program. I inform, that above named participant (if under the age of 18) will not have any telecommunication devices like cell phones, 2-way radios etc. I acknowledge that participant failure to adhere to safety rules established by Camp Vista Staff may result in being asked to discontinue participation in the program. If participant is barred from further participation, or if I and/or participant voluntarily refrain from participation, or if I and/or participant leave the trip, I am responsible for all expenses incurred and I have no claim for any refunds from Camp Vista and its representatives.

AUTHORIZATION FOR MEDICAL TREATMENT

In case of an emergency, I hereby give permission to Camp Vista representatives and/or group leaders of organization who organize the event:

- to secure medical treatment that might include hospitalization,
- to release any records necessary for insurance purposes,
- to dispense medications according to your recommendation
- to provide or arrange necessary related transportation for participant named above.

I also certify that my insurance company or myself will cover all accidental, medical expenses and transportation costs.

Please note, that during "Kolonie weeks" there are at least 3 lifeguards, CPR and First Aid persons trained by ARC. As of right now there is no doctor or nurse present at the camp. Travel time to the closest clinic is about 20 min, and 35 min to the nearest hospital.

CONSENT WAIVER AND RELEASE

In consideration of participating in any activities in any event organized by Camp Vista (or other organizations), I hereby agree to release and discharge from liability Camp Vista (or other organizations) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them on behalf of myself and my children, parents, heirs, assigns, personal representative and estate. Consequently, I waive, release, and discharge any and all claims for any personal injury or damages, death, or property damage/loss, which I may have as a result of participation. I understand that Camp Vista shall not be liable for any delay or accidents of means of transportation arranged by Camp Vista, any and all acts of a third parties, or any other cases beyond their control. Camp Vista reserves the right to cancel, change, or substitute any service because of weather, safety condition of activity places/equipment, insufficient number of participants, sign up priorities (please call Camp Vista for an explanation), or other reasons. My registration provides Camp Vista the authorization to use photos and videos of me or registered participants for promotional purposes without further consent or compensation.

INSURANCE

I am aware, that I am responsible for paying all participant's medical expenses and any related costs to it, for any injuries or any accidents that may occur during participation in the event.

I agree to maintain throughout my participation, adequate medical and accidental insurance (insurance should be valid in the State of Wisconsin as well as in other States – if any – where/when the events occur).

I understand that this is my responsibility to release Camp Vista and its representatives from providing medical/accidental insurance coverage for participant.

Camp Vista strongly recommends purchasing a TRAVEL INSURANCE or other insurance to protect against the risk of medical expenses, death, travel delays, current virus issues, war or natural disaster issues, trip cancellation, any damage or loss of baggage or personal belongings, etc.

**I understand and accept all terms and conditions presented to me in the English language
(Rozumiem i akceptuję wszystkie warunki i zasady przedstawione mi w języku angielskim)**

Signature of parent (or guardian) (or participant if over 18)

Podpis rodzica (lub opiekuna) (lub uczestnika jeżeli ma ukończone 18 lat)

_____/_____/2022

Date

Assumption of the Risk and Waiver of Liability

Relating to Covid 19 and/or the most current viruses and/or other issues in relation to summer camp

The novel coronavirus, COVID-19, is contagious and is believed to spread mainly from person to person contact. Camp Vista (CV) has put in place preventative measures to reduce the spread of COVID-19, however, Camp Vista cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending summer program at Camp Vista could increase your risk and your child(ren)'s risk of contracting COVID-19 or other current viruses.

I hereby willingly choose to participate in CAMP VISTA activities and abide by CAMP VISTA COVID-19 prevention procedures which include the following:

- a. I understand that if CAMP VISTA determines that a camper / volunteer/ staff member needs to go home, I as the parent am responsible to pick up that person within 6 hours of being notified.
- b. I understand that camp will do its best to offer as many activities as possible, but that programs and procedures will look different (often interrupted by social distancing requirement) from past years - before COVID-19 pandemic
- c. I understand that CAMP VISTA faces additional costs related to COVID-19, and CAMP VISTA will not issue any refunds for providing own transportation to camp, for the program possibly ending on Friday evening instead of Saturday morning (in case we have to do this because of the current virus), or for any other costs to parents related to COVID-19
- d. I understand that I will provide transportation for my child(ren):
 - For check-in at the camp on Sunday at 3:00PM
 - For check-out (for turnus #1,#2,#3,#5) from the camp on Friday from 5:30PM to 7:00PM **
 - For check-out (for turnus #4-10 days) from the camp on Tuesday from 5:30PM to 7:00PM
- e. I acknowledge and understand that the circumstances regarding COVID-19 are changing "from day to day", and these changes might not be adopted immediately by CAMP VISTA. I accept responsibility for familiarizing myself with the most recent updates at www.campvista.org website.

By signing this agreement, I acknowledge the contagious nature of COVID-19, and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by COVID-19 by attending CV, 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 CV may result from the actions, omissions, or negligence of others, including, but not limited to, CV employees, volunteers and program participants and their families.

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 child(ren) may experience or incur in connection with my child(ren)'s attendance at CV or participation in CV program. On my behalf and of my children, I hereby release, covenant not to sue, discharge, and hold harmless CV, 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 CV, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CV program.

**I understand and accept all terms and conditions presented to me in English language (3 pages document)
(Rozumiem i akceptuję wszystkie warunki i zasady przedstawione mi w języku angielskim) (3 stronicowy dokument)**



Date: ___/___/2022

Signature of parent (or guardian) (or participant if over 18)

Podpis rodzica (lub opiekuna) (lub uczestnika jeżeli ma ukończone 18 lat)

** Drodzy rodzice,

W dwóch poprzednich latach - odważnie i jako nieliczni zorganizowaliśmy kolonie letnie dla dzieci. Były one pełnym sukcesem zarówno od strony rekreacyjnej jak i zdrowotnej. Nie mieliśmy żadnych zachorowań na Covid czy inne choroby zakaźne i wiemy jak ogromną rolę odegrał odbiór dzieci w piątek wieczorem zamiast w sobotę rano. Dało to nam wydłużony czas na dezynfekcję nie tylko kabin w których Państwa dzieci śpią, ale również wielu atrakcji z jakich dzieci korzystają. W tym roku ponownie planujemy odbiór dzieci w piątek wieczorem, gdyż nie wiemy jaki będzie poziom pandemii w czerwcu czy w lipcu. Wyłącznie w trosce o Państwa dzieci, - prosimy o wyrozumiałość i kooperację.