

CAMP VISTA

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2024 - REGISTRATION FORM

For office use only:

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

Parent/Guardian Name: _____

Primary Phone Number: _____ Secondary Phone Number: _____

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

Email: _____

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 only for time period of event* From: ____/____/____ To: ____/____/____ Insurance name: _____

None (Parents/guardians are fully responsible for the medical/accidental expenses, if any.)

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).

1 st choice	2 nd ** choice	TURNUS / TERMIN / WIEK	CENA			UWAGI (z kim dziecko chce być w grupie max 2 osoby, specjalne uzdolnienia itp.)
			1-sze dziecko z rodziny	2-gie dziecko	3-cie dziecko i każde kolejne	
<input type="checkbox"/>	<input type="checkbox"/>	1 Turnus, June 16 – 22, 7-14 lat	\$735	\$685	\$595	
<input type="checkbox"/>	<input type="checkbox"/>	2 turnus, June 23 – 29, 7-14 lat	\$735	\$685	\$595	
<input type="checkbox"/>	<input type="checkbox"/>	3 turnus, June 30 – July 6, 8-14 lat	\$735	\$685	\$595	
<input type="checkbox"/>	<input type="checkbox"/>	4 turnus, July 7 – 13, 8-14 lat	\$735	\$685	\$595	
<input type="checkbox"/>	<input type="checkbox"/>	5 turnus, July 14 - 20, 8-14 lat	\$735	\$685	\$595	

Dziecko będzie:

Uczestnikiem Kolonii

Junior Counselor (JC) (od 14 do 16 lat, cena taka sama). JC mogą być osoby, które przynajmniej raz były w Camp Vista wcześniej. JC mogą jechać na każdy turnus od 1-go to 5-go. Więcej informacji na stronie campvista.org

Transportation to the camp: Check-in (turnus #1, #2, #3, #4, #5) Sunday from 3:00pm to 4:00pm
Check-out (turnus #1, #2, #3, #4, #5) Saturday from 10:30am to 12:00pm

*) 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.

**) Gdyby nie było miejsca na 1st choice wówczas organizatorzy będą brali pod uwagę 2nd i 3rd choice

Signature of Parent/Guardian

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 any loss resulting from participation. Camp Vista has put in place preventative measures to reduce the spread of COVID-19 and other communicable diseases, however, Camp Vista cannot guarantee, that you or your child(ren) will not become exposed or infected while being at Camp Vista. 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, smart watches, 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 certified persons. 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 or 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 or during the transportation to and from 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/Guardian (or participant if over 18)

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

Date