

CAMP VISTA

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WAIT LIST IN 2019

For office use only

REGISTRATION FORM

Participant's name: _____ **DOB** ____/____/____
(imię i nazwisko uczestnika) data ur. (miesiąc / dzień / rok)

Parent (guardian) name: _____ **Tel 1:** (____) _____ **Tel 2:** (____) _____
(imię i nazwisko jednego z rodziców / opiekuna)

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#: _____
(nazwa agencji ubezpieczeniowej i numer ubezpieczenia)

purchased for the time period of the event* from: _____ **to:** _____ **Insurance name:** _____
(ubezpieczenie wykupione na czas wyjazdu) od do (nazwa ubezpieczenia)

none (bez ubezpieczenia)

Wybór turnusu i opłata:

Prosimy zaznaczyć poniżej turnus, na który mamy zarejestrować uczestnika poprzez wpisanie wielkości depozytu (**minimum \$50**) w tabeli poniżej. Wypełnioną formę wraz z czekiem lub money order należy wysłać na adres Camp Vista (nie przyjmujemy kart kredytowych). Opłata za drugie i kolejne dziecko **z tej samej rodziny** jest niższa.

	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, 28 Jun - 4 Jul 7-12 lat	\$550	\$465	\$	
<input type="checkbox"/>	2 turnus, 5 - 11 July 7-12 lat	\$550	\$465	\$	
<input type="checkbox"/>	3 turnus, 12 - 18 July 8-14 lat	\$550	\$465	\$	
<input type="checkbox"/>	4 turnus, 19 - 25 July, 8-14 lat	\$550	\$465	\$	

Dziecko będzie:

uczestnikiem kolonii-

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

Dojazd na kolonie oraz powrót jest **autokarem i jest wliczony w cenę**. Nie mniej jednak niektórzy rodzice dowożą dzieci swoimi autami. Jeżeli Państwo decydujecie się na dowóz dzieci we własnym zakresie to prosimy zaznaczyć poniżej:

dojazd własny

*) 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) (or participant if over 18)
Podpis rodzica (lub opiekuna) (lub uczestnika jeżeli ma ukończone 18 lat)

_____/_____/2020
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, I hereby agree to release and discharge from liability Camp Vista 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 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 related costs for any injuries that may occur during participation in the event. I agree to maintain throughout my participation, sufficient medical and accidental insurance (insurance should be valid in the State of Wisconsin. In case of Hiking Camp or other events - it must be valid in the States where the events occur).

I understand that this is my sole responsibility to release all persons and entities from providing this 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, trip cancellation, any damage, 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)

_____/_____/2020
Date