



**CAMP CHICKAGAMI &**



## 2024 Youth Camp Registration Form

CROSSOVER OUTREACH SENDS 40 YOUTH TO A CHRISTIAN, CHARACTER-BUILDING, SUMMER CAMP EACH YEAR.

YOU WILL NEED TO BRING THE FOLLOWING ITEMS WITH YOU TO YOUR APPOINTMENT TO REGISTER YOUR CHILD FOR CROSSOVER'S SUMMER CAMP PROGRAM:

- \$10 NON-REFUNDABLE REGISTRATION FEE
- MDHHS DOCUMENTS SHOWING CHILDREN ON CASE
- RECENT PHOTO OF CAMPER
- COPY OF IMMUNIZATION RECORDS
- COPY OF INSURANCE CARD/FORMS

**PLEASE CALL CROSSOVER (810-234-2479) TO SCHEDULE A REGISTRATION APPOINTMENT. YOUR CHILD'S SPOT WILL NOT BE RESERVED UNTIL REGISTRATION IS 100% COMPLETE!**

## REGISTRATION DEADLINE MAY 31, 2024

QUESTIONS?

T | 810-234-2479

E | DENISE AT [INFO@CROSSOVEROUTREACH.ORG](mailto:INFO@CROSSOVEROUTREACH.ORG)

[WWW.CROSSOVEROUTREACH.ORG](http://WWW.CROSSOVEROUTREACH.ORG)

[WWW.CAMPCHICKAGAMI.ORG](http://WWW.CAMPCHICKAGAMI.ORG)



## 2024 YOUTH CAMP REGISTRATION

### CHECK WHICH CAMP YOUR CHILD WILL BE ATTENDING BASED ON GRADE THIS FALL:

JUNIOR CAMP 1

9 or 10 years old as of 7/7/2024  
July 7-12, 2024

JUNIOR CAMP 2

11 or 12 years old as of 7/14/2024  
July 14-19, 2024

### CAMPER INFORMATION (Please PRINT Clearly!):

CAMPER'S FULL NAME: \_\_\_\_\_  
first name middle name last name

NICKNAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

HOME CONGREGATION (EXAMPLE: TRINITY, ALPENA):  
\_\_\_\_\_  
\_\_\_\_\_

BOY?  
 GIRL?

#### T-SHIRT SIZE:

- CHILD'S SMALL
- CHILD'S MEDIUM
- CHILD'S LARGE
- CHILD'S X-LARGE
- ADULT SMALL
- ADULT MEDIUM
- ADULT LARGE
- ADULT XL
- ADULT 2XL

BUNKMATE REQUEST (MUST BE IN SAME GRADE):  
\_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY CAMPERS YOUR CHILD WOULD RATHER NOT BUNK WITH?:  
\_\_\_\_\_  
\_\_\_\_\_

GRADE ENTERING IN FALL 2025: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

**NOTE:** PLEASE HELP US TO HELP YOUR CHILD HAVE A FUN, SAFE EXPERIENCE! OUR SCHEDULE AT CAMP TENDS TO REFLECT THE SCHEDULE AND ROUTINE OF A SCHOOL DAY. **DOES YOUR CHILD RECEIVE ANY SPECIAL SERVICES AT SCHOOL? IF SO, PLEASE EXPLAIN:** \_\_\_\_\_  
\_\_\_\_\_

KNOWING IF YOUR CHILD'S SCHOOL MAKES ACCOMMODATIONS FOR THEIR BEHAVIOR OR HEALTH WILL HELP US PLAN AHEAD AND BE ABLE TO PROVIDE CONSISTENT EXPERIENCES.

#### TRANSPORTATION AUTHORIZATION

MY CHILD HAS PERMISSION TO BE TRANSPORTED TO ACTIVITIES IN CONJUNCTION WITH THEIR CAMP SESSION, INCLUDING BEING ABLE TO ATTEND AND PARTICIPATE IN ACTIVITIES OFF-SITE OF MAIN CAMPUS.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



**CAMP CHICKAGAMI**



**PARENT/GUARDIAN INFORMATION:**

FIRST + LAST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY | STATE | ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**CONTACT INFORMATION FOR ADDITIONAL PARENT/GUARDIAN:**

FIRST + LAST NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY | STATE | ZIP CODE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**THE FOLLOWING INFORMATION WILL BE CONFIDENTIAL AND SHARED ONLY WITH CAMP DIRECTOR, HEALTH OFFICER (IF APPROPRIATE), AND THE CAMPER'S COUNSELORS.**

IS THIS YOUR CHILD'S FIRST EXPERIENCE AT CAMP?  
 YES  
 NO, BUT IT'S THEIR FIRST TIME AT CAMP CHICKAGAMI  
 NO

WHAT IS THE CAMPER MOST LOOKING FORWARD TO ABOUT CAMP?  
\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE SOME INTERESTS OR HOBBIES OF YOUR CAMPER?  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY CONCERNS OR SUGGESTIONS ABOUT YOUR CAMPER'S ADJUSTMENT TO CAMP LIFE?  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE ANY SPECIAL INFORMATION THAT MIGHT BE HELPFUL FOR US TO KNOW ABOUT YOUR CAMPER (LEARNING STYLES, FAMILY STRUCTURE, ETC.)?  
\_\_\_\_\_  
\_\_\_\_\_

**PICK UP RELEASE**

WE REQUIRE WRITTEN PERMISSION FROM PARENTS/GUARDIANS IN ORDER TO SIGN OUT A CHILD TO SOMEONE OTHER THAN HIS/HER PARENTS. PLEASE USE THE FOLLOWING TO INDICATE YOUR WISHES. I AUTHORIZE THESE PERSONS TO SIGN MY CHILD OUT FROM CAMP TO BE TRANSPORTED INTO MY CARE:

**DESIGNATED ADULT INFORMATION**

NAME(S): \_\_\_\_\_  
RELATIONSHIP TO CAMPER: \_\_\_\_\_  
DRIVER'S LICENSE #(S): \_\_\_\_\_  
PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

\*This also provides permission for Crossover Outreach to transport child(ren) to and from Camp!



## CAMP CHICKAGAMI COVENANT (PLEASE REVIEW WITH YOUR CAMPER)

THE MISSION OF THE EPISCOPAL DIOCESE OF EASTER MICHIGAN YOUTH PROGRAM IS TO GATHER, EQUIP, AND SEND YOUNG DISCIPLES OF JESUS CHRIST TO WITNESS TO GOD'S RECONCILING LOVE. IN ORDER TO LIVE OUT OUR MISSION STATEMENT, ALL PARTICIPANTS AGREE TO ACTIVELY PARTICIPATE IN ALL PARTS OF THE EVENT AND ABIDE BY THE STANDARDS OF THE COMMUNITY:

- I WILL SEEK TO BUILD UP MYSELF, OTHERS, AND OUR COMMUNITY IN MY ACTIONS AND WORDS, DOING MY BEST TO "LOVE MY NEIGHBOR AS MYSELF." (MATTHEW 22:39)
- I WILL RESPECT THE PERSON, PROPERTY, FEELINGS AND BELIEFS OF EACH MEMBER OF OUR COMMUNITY.
- I WILL RESPECT THE PROPERTY OF THE HOST CHURCH WITH THE UNDERSTANDING THAT IT IS GOD'S HOUSE.
- WHEN CONFLICTS HAPPEN, I WILL WORK TO RESOLVE THEM DIRECTLY WITH THE PEOPLE INVOLVED, AS DESCRIBED IN MATTHEW 18:15-17 "IF A FELLOW BELIEVER HURTS YOU, GO AND TELL THEM – WORK IT OUT BETWEEN THE TWO OF YOU. IF HE LISTENS, YOU'VE MADE A FRIEND. IF HE WON'T LISTEN, TAKE ONE OR TWO OTHERS ALONG SO THAT THE PRESENCE OF WITNESSES WILL KEEP THINGS HONEST, AND TRY AGAIN. IF HE STILL WON'T LISTEN, TELL THE CHURCH. IF HE WON'T LISTEN TO THE CHURCH, YOU'LL HAVE TO START OVER FROM SCRATCH, CONFRONT HIM WITH THE NEED FOR REPENTANCE, AND OFFER AGAIN GOD'S FORGIVING LOVE." (THE MESSAGE)
- HAND IN ALL MEDICATION TO THE CAMP NURSE.
- I WILL NOT ENTER THE SLEEPING AREAS OR RESTROOMS OF THE OPPOSITE SEX.
- I WILL WEAR APPROPRIATE CLOTHING THAT ALLOWS ME TO FULLY PARTICIPATE. I AGREE TO ABIDE BY ADDITIONAL DRESS CODE REQUIREMENTS FOR SPECIAL ACTIVITIES.
- I WILL FOLLOW THE EVENT GUIDELINES FOR CELL PHONE USE IF I BRING ONE TO THE EVENT.
- I WILL NOT ENGAGE IN SEXUAL ACTIVITY.
- I WILL NOT BRING OR USE ALCOHOL, TOBACCO, ILLEGAL DRUGS, FIREWORKS, FIREARMS, OR ANY KIND OF WEAPON.
- I WILL DO MY BEST TO HAVE FUN!

CAMPERS AGREE THAT THESE ARE REASONABLE EXPECTATIONS AND THEY WILL DO EVERYTHING THEY CAN TO LIVE UP TO THEM. IF CAMPERS CHOOSE TO VIOLATE THE RULES SET FOR CAMP, THEY UNDERSTAND THAT THERE WILL BE CONSEQUENCES, WHICH MAY INCLUDE PARENTS BEING NOTIFIED AND BEING SENT HOME.

CAMPER SIGNATURE: \_\_\_\_\_

AS A PARENT AND/OR LEGAL GUARDIAN OF THIS CHILD, I HAVE READ THE ABOVE AND BELIEVE THAT HE/SHE IS CAPABLE OF ASPIRING TO AND FOLLOWING THESE COMMUNITY EXPECTATIONS AND RULES. I ALSO UNDERSTAND THAT IF MY CHILD FAILS TO MEET THESE EXPECTATIONS, I WILL BE CONTACTED AND ASKED TO BRING MY CHILD HOME FROM CAMP.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

### MEDIA RELEASE

I GIVE PERMISSION TO CAMP CHICKAGAMI, THE EPISCOPAL DIOCESE OF EASTERN MICHIGAN AND CROSSOVER OUTREACH TO USE PHOTOGRAPHS AND VIDEOS OF MY CHILD FOR SHOW AND TELL OR PROMOTIONAL PURPOSES, INCLUDING BUT NOT LIMITED TO POWERPOINT PRESENTATIONS, POSTERS, IN HOUSE BULLETIN BOARDS, BROCHURES, PAMPHLETS, NEWSLETTERS, ALL TYPES OF PRINTED MATERIALS, ANY FORM OF ELECTRONIC OR DIGITAL MEDIA AND ALL OTHER MEANS OF PUBLIC DISPLAY FOR PROMOTIONAL PURPOSES. I UNDERSTAND THAT USE OF THESE IMAGES/VIDEOS/RECORDINGS WILL BE WITHOUT PAYMENT OF FEES, ROYALTIES, SPECIAL CREDIT OR OTHER COMPENSATION.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_



**CAMP CHICKAGAMI HEALTH FORMS**

INFORMATION PROVIDED ON THIS FORM WILL BE VIEWED ONLY BY THE CAMP DIRECTOR AND HEALTH OFFICER, UNLESS YOU DEEM OTHERWISE.

PLEASE TYPE OR PRINT.

**CAMPER INFORMATION:**

NAME OF CAMPER \_\_\_\_\_ NICKNAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**AUTHORIZED PERSON INFORMATION:**

NAME OF AUTHORIZED PERSON (PARENT OR LEGAL GUARDIAN): \_\_\_\_\_  
RELATIONSHIP WITH CAMPER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**ADDITIONAL PERSON TO BE NOTIFIED IN AN EMERGENCY SITUATION:**

NAME \_\_\_\_\_ RELATIONSHIP TO CAMPER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**INSURANCE INFORMATION:**

IS THE CAMPER COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_  
FULL NAME OF INSURED PERSON \_\_\_\_\_  
IF SO, INDICATE CARRIER OR PLAN NAME \_\_\_\_\_ GROUP # \_\_\_\_\_

**PHYSICIAN/MEDICAL INFORMATION:**

NAME OF PHYSICIAN \_\_\_\_\_  
PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLEASE LIST ALL KNOWN ALLERGIES. DESCRIBE REACTION AND MANAGEMENT FOR REACTION.  
MEDICATION ALLERGIES (LIST)

\_\_\_\_\_  
\_\_\_\_\_

FOOD ALLERGIES (LIST)

\_\_\_\_\_  
\_\_\_\_\_

**WE MAY NOT BE ABLE TO ACCOMMODATE THOSE WHO HAVE SEVERE FOOD ALLERGIES. PLEASE BE AS SPECIFIC AS POSSIBLE ABOUT ANY SPECIAL MEAL NEEDS. ATTACH AN EXTRA PAGE IF NECESSARY.**

OTHER ALLERGIES (LIST – PLEASE INCLUDE INSECT STINGS, HAY FEVER, ASTHMA, ETC.)

\_\_\_\_\_  
\_\_\_\_\_



## RESTRICTIONS AND LIMITATIONS

DIETARY RESTRICTIONS:

- VEGETARIAN?                       VEGAN?                       KOSHER?
- OTHER: \_\_\_\_\_

ACTIVITY RESTRICTIONS:  YES  NO

PLEASE EXPLAIN: \_\_\_\_\_

USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION ABOUT THE CAMPER'S **BEHAVIOR AND PHYSICAL, EMOTIONAL, OR MENTAL** HEALTH WITH WHICH CAMP PERSONNEL SHOULD BE AWARE. PLEASE ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

## HEALTH HISTORY

- HEIGHT: \_\_\_\_\_                       WEIGHT: \_\_\_\_\_
- EVER BEEN HOSPITALIZED?
- EVER HAD SURGERY?
- RECURRING/CHRONIC ILLNESS?
- INFECTION DISEASE?
- RECENT INJURY?
- ASTHMA/WHEEZING/SHORTNESS OF BREATH?
- PASSED OUT/HAD CHEST PAIN DURING EXERCISE?
- HAD SEIZURES?
- FAINTING/DIZZINESS?
- HEADACHES?
- PROBLEMS WITH DIARRHEA/CONSTIPATION?
- HISTORY OF BEDWETTING?
- PROBLEMS WITH FALLING ASLEEP/SLEEPWALKING?
- GLASSES/CONTACTS/PROTECTIVE EYEWEAR?
- BACK/JOINT PROBLEMS?
- SKIN PROBLEMS?
- DIABETES?
- MONO IN THE PAST 12 MONTHS?
- TRAVELLED OUTSIDE THE COUNTRY IN THE PAST 9 MONTHS?
- PROBLEMS WITH PERIODS/MENSTRUATION?
- EVER BEEN TREATED FOR ADD OR ADHD?
- EVER BEEN TREATED FOR EMOTIONAL OR BEHAVIORAL DIFFICULTIES OR AN EATING DISORDER?
- DURING THE PAST 12 MONTHS SEEN A PROFESSIONAL TO ADDRESS MENTAL/EMOTIONAL HEALTH CONCERNS?
- HAD A SIGNIFICANT LIFE EVENT THAT CONTINUES TO AFFECT THE PARTICIPANT'S LIFE (ABUSE, DEATH OF A LOVED ONE, DIVORCE, ADOPTION, FOSTER CARE, NEW SIBLING, SURVIVED A DISASTER)? PLEASE EXPLAIN: \_\_\_\_\_



## IMMUNIZATIONS AND DISEASES

**PLEASE PROVIDE A COPY OF YOUR CHILD'S SHOT / IMMUNIZATION RECORDS**

ARE YOUR CHILD'S IMMUNIZATIONS CURRENTLY UP TO DATE?

- YES
- NO

NO, PLEASE EXPLAIN \_\_\_\_\_

PLEASE LIST ANY CURRENT INFECTIOUS DISEASES \_\_\_\_\_

PLEASE LIST DATE OF LAST TETANUS SHOT IF KNOWN \_\_\_\_\_

## MEDICATIONS BEING TAKEN

PLEASE LIST ALL MEDICATIONS (INCLUDING OVER-THE-COUNTER OR NONPRESCRIPTION DRUGS) TAKEN ROUTINELY. BRING ENOUGH MEDICATION TO LAST THE ENTIRE TIME AT CAMP.

**KEEP IT IN THE ORIGINAL PACKAGING/BOTTLE** THAT IDENTIFIES THE PRESCRIBING PHYSICIAN (IF A PRESCRIPTION DRUG), THE NAME OF THE MEDICATION, THE DOSAGE, AND THE FREQUENCY OF ADMINISTRATION.

THIS PERSON TAKES NO MEDICATIONS ON A ROUTINE BASIS OR

THIS PERSON TAKES MEDICATIONS AS FOLLOWS:

MED #1 \_\_\_\_\_ DOSAGE \_\_\_\_\_

SPECIFIC TIMES TAKEN EACH DAY \_\_\_\_\_

REASON FOR TAKING \_\_\_\_\_

MED #2 \_\_\_\_\_ DOSAGE \_\_\_\_\_

SPECIFIC TIMES TAKEN EACH DAY \_\_\_\_\_

REASON FOR TAKING \_\_\_\_\_

MED #3 \_\_\_\_\_ DOSAGE \_\_\_\_\_

SPECIFIC TIMES TAKEN EACH DAY \_\_\_\_\_

REASON FOR TAKING \_\_\_\_\_

*PLEASE USE A SEPARATE SHEET FOR ADDITIONAL MEDICATIONS TAKEN ON A ROUTINE BASIS*

MED #4 \_\_\_\_\_ DOSAGE \_\_\_\_\_

SPECIFIC TIMES TAKEN EACH DAY \_\_\_\_\_

REASON FOR TAKING \_\_\_\_\_

*PLEASE USE A SEPARATE SHEET FOR ADDITIONAL MEDICATIONS TAKEN ON A ROUTINE BASIS*

LIST ANY MEDICATIONS TAKEN DURING THE SCHOOL YEAR THAT PARTICIPANT DOES/MAY NOT TAKE DURING SUMMER: \_\_\_\_\_

## DENTIST INFORMATION:

NAME OF DENTIST \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## ORTHODONTIST INFORMATION (IF APPLICABLE):

NAME OF DENTIST \_\_\_\_\_

PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



**NOTE:** IN SOME INSTANCES, IT MAY BE HELPFUL FOR CABIN COUNSELORS OR OTHER STAFF MEMBERS TO KNOW SOME OF THE INFORMATION ON THE MEDICAL RECORD. PLEASE FILL OUT ONE OF THE OPTIONS BELOW:

- YOU MAY SHARE ANY INFORMATION THAT THE MEDICAL DIRECTOR AND CAMP DIRECTOR DEEM HELPFUL
- NO INFORMATION MAY BE SHARED UNLESS AN EMERGENCY OCCURS
- THE FOLLOWING INFORMATION MAY BE SHARED:

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**PLEASE READ AND SIGN THE FOLLOWING:**

**HEALTH AUTHORIZATION**

THIS HEALTH HISTORY IS CORRECT AND ACCURATELY REFLECTS THE HEALTH STATUS OF THE INDIVIDUAL TO WHOM IT PERTAINS. THE PERSON DESCRIBED HAS PERMISSION TO PARTICIPATE IN ALL CAMP ACTIVITIES EXCEPT AS NOTED ABOVE AND/OR BY AN EXAMINING LICENSED MEDICAL PROFESSIONAL. I GIVE PERMISSION TO THE LICENSED MEDICAL PROFESSIONAL SELECTED BY THE CAMP TO ORDER X-RAYS, ROUTINE TESTS, AND TREATMENT RELATED TO THE HEALTH OF THE INDIVIDUAL FOR BOTH ROUTINE HEALTH CARE AND IN EMERGENCY SITUATIONS. IF I CANNOT BE REACHED IN AN EMERGENCY, I GIVE MY PERMISSION TO THE LICENSED MEDICAL PROFESSIONAL TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND ORDER INJECTION, ANESTHESIA, OR SURGERY FOR THE INDIVIDUAL. I UNDERSTAND THE INFORMATION ON THIS FORM WILL BE SHARED ON A 'NEED TO KNOW' BASIS WITH CAMP STAFF. I GIVE PERMISSION TO PHOTOCOPY THIS FORM. IN ADDITION, THE CAMP HAS PERMISSION TO OBTAIN A COPY OF THE DESCRIBED INDIVIDUAL'S HEALTH RECORD FROM PROVIDERS WHO TREAT THEM AND THESE PROVIDERS MAY TALK WITH THE PROGRAM'S STAFF ABOUT THE DESCRIBED INDIVIDUAL'S HEALTH STATUS.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**CONSENT FOR TREATMENT**

I AGREE THAT I WILL NOT ALLOW MY CHILD TO ATTEND CAMP CHICKAGAMI SUMMER CAMP IF HE/SHE BECOMES EXPOSED TO ANY CONTAGIOUS DISEASE OR, IF FOR ANY REASON, I DO NOT CONSIDER HIM/HER IN GOOD PHYSICAL CONDITION AT THE TIME OF CAMP.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**LIABILITY RELEASE**

IN CONSIDERATION OF ALLOWING MY CHILD TO ATTEND AND PARTICIPATE IN CROSSOVER OUTREACH AND CAMP CHICKAGAMI SUMMER CAMP PROGRAMMING, I, ON BEHALF OF SAID CHILD DO HEREBY RELEASE, DISCHARGE AND AGREE TO INDEMNIFY CROSSOVER OUTREACH, THE EPISCOPAL DIOCESE OF EASTERN MICHIGAN, CAMP CHICKAGAMI, THEIR COUNCIL OF TRUSTEES, OFFICERS, MINISTERS, STAFF, EMPLOYEES AND AGENTS AND ANYONE ELSE CONNECTED WITH SAID ORGANIZATIONS AGAINST ANY LOSS, EXPENSE OR JUDGEMENT SAID ORGANIZATIONS OR HE/SHE MAY SUFFER OR INCUR AS A RESULT OF ANY CLAIM OR ACTION THAT MAY BE MADE OR BROUGHT BY OR ON BEHALF OF MY/OUR CHILD IN CONNECTION WITH OR ARISING OUT OF OR SUFFERED DURING HIS/HER PARTICIPATION IN SAID CAMP CHICKAGAMI SUMMER CAMP PROGRAM.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_