

## US SPORTS CAMPS - HEALTH & RELEASE FORMS

(You will not be admitted to camp without this form, completed and signed on all pages.)

CAMPER FULL NAME \_\_\_\_\_

SPORT \_\_\_\_\_ CAMP LOCATION \_\_\_\_\_ CAMP DATES \_\_\_\_\_

Gender: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Preferred Parent/Guardian Phone Number during camp hours (if different from above) (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone number (\_\_\_\_) \_\_\_\_\_

### HEALTH & GENERAL HISTORY

If the camper should be restricted from any activity please note: \_\_\_\_\_

If the camper will be taking medication during camp, please indicate name of drug(s) and dosage: \_\_\_\_\_

Please identify any medical condition or medical history that would require special attention: \_\_\_\_\_

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle those illnesses or conditions that the camper has had:

German Measles    Measles    Mumps    Asthma    Chicken Pox    Pneumonia    Diabetes    High Blood Pressure

### IMMUNIZATIONS

Please input dates for the immunizations listed below. If you are unsure of the exact date, but know the camper has received the immunization, please input "Y" in the "DATE" field. If the camper has not received the immunization, or you are unsure, please leave the field empty.

IMMUNIZATIONS		ALLERGIES		DRUG REACTION		COVID-19 VACCINE	
TYPE	DATE	TYPE	YES/NO	TYPE	YES/NO	TYPE	DATE
Tetanus Toxoid		Hay Fever		Sulpha		Moderna (dose 1)	
Polio Vaccine		Asthma		Penicillin		Moderna (dose 2)	
Measles		Eczema		Antibiotics (Type)		Pfizer (dose 1)	
Rubella		Insect Stings		Aspirin		Pfizer (dose 2)	
Mumps		Nuts		Other		J&J	
		Other		Other		Other	

\*For Massachusetts camps, immunization records must be submitted in the form of an "Immunization Certificate" from the camper's physician.

Physician's Name: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

I, the parent (guardian) of \_\_\_\_\_, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the sole insurance coverage for any medical treatment. I further agree that my child can receive over the counter remedies. (Tylenol, Sudafed, etc.)

Please initial this box if you DO NOT want your child to receive over the counter medications.

**I HAVE READ THE INFORMATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF US SPORTS CAMPS, INC., AND HERBY AGREE TO ACT IN ACCORDANCE.** For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quit claim to USSC royalty free the right and authority to use, reproduce, and distribute, quoted material, my child’s photograph, likeness, recorded voice or videotaped filmed appearances (the "Materials") for promotional and advertising purposes as USSC in its sole discretion will deem appropriate. I also grant US Sports Camps, Inc. permission to give Nike, Inc. camper’s name, address, date of birth, gender, phone, electronic mail address and sports interests for direct marketing purposes.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of my minor child/ward \_\_\_\_\_ (“my child”) being allowed to participate in this sport camp program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and there are also risks of injury from such outside camper activities to which you may consent, and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CAMP, THE ENTITY OPERATING THE CAMP, US SPORTS CAMPS, INC., (USSC), NIKE, INC., AND THEIR OFFICERS, DIRECTORS, OFFICIALS, AFFILIATES, AGENTS, OWNERS AND/OR EMPLOYEES, AND ALL SUBSIDIARIES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED FOR ACTIVITY (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

**I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreement to Arbitrate Disputes**

**IN THE EVENT OF ANY DISPUTE PERTAINING TO ANY PROVISION OF THIS AGREEMENT, OR PERTAINING TO THE SERVICES RENDERED PURSUANT TO THIS AGREEMENT, OR IN ANY WAY RELATED TO ATTENDANCE AT THIS CAMP, INCLUDING ANY CLAIM FOR PERSONAL INJURY OR OTHER LOSS, INCLUDING ANY CLAIM AGAINST USSC, NIKE, INC., THE ENTITY OPERATING THE CAMP AND THEIR DIRECTORS, OFFICERS, OFFICIALS, AFFILIATES, EMPLOYEES, SPONSORS, HOSTS, OR AGENTS, AND ALL SUBSIDIARIES, OWNERS, PARTNERS, JOINT VENTURERS, OFFICIALS, EMPLOYEES, OR AGENTS OF THE CAMP, OR OF ANY FOREGOING ENTITY, OR OF THE HOST FACILITY, SPONSOR OR INSTITUTION. EACH PARTY HERETO AGREES TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, BY CLAIM FILED, BEFORE JAMS IN SAN FRANCISCO, CALIFORNIA, TO BE ARBITRATED HERE OR SUCH OTHER VENUE AS DEEMED APPROPRIATE BY THE JAMS ARBITRATOR, SUCH ARBITRATION TO PROCEED UNDER THE JAMS RULES. In the event either party to this agreement incurs any expense as a result of the other party's failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney's fees. In the arbitration itself, each party shall bear its own attorneys' fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:**

A) ARBITRATION SHALL BE FINAL AND BINDING ON THE PARTIES. B) THE PARTIES HERETO ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL. C) PRE-ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS. D) THE ARBITRATOR'S (S) AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY'S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATOR (S) IS STRICTLY LIMITED. E) THE ARBITRATOR OR PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE AN ATTORNEY OR JUDGE, ACTIVE OR RETIRED.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify US Sports Camps, Inc., NIKE, Inc., their officers, directors, owners, officials, affiliates, agents and employees, and all subsidiaries from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## US SPORTS CAMPS - CAMP RULES AND REGULATIONS FORM

(You will not be admitted to camp without this form, completed and signed.)

**WE ARE LOOKING FORWARD TO SEEING YOU AT CAMP! WE KNOW THAT YOU ARE ATTENDING A US SPORTS CAMP TO LEARN MORE ABOUT THE SPORT YOU LOVE. PLEASE KNOW THAT THE SAFETY OF OUR CAMPERS IS OUR #1 PRIORITY.** So that there will be no misunderstandings and because **OFFENSES WILL RESULT IN IMMEDIATE DISMISSAL WITHOUT REFUND**, the following rules apply (please note, #2 and #3 apply to overnight camps only):

1. Campers are to remain on camp premises at all times and permission to leave must be obtained from the Director **ONLY**, provided you are properly signed out by a parent or guardian.
2. Campers are not permitted to leave the dorm after lights out. Once you are assigned a room, you are not allowed to change it without formal permission from the Director.
3. It is expected that campers will live together with mutual respect for one another and their property. It is forbidden to enter another student's room during his/her absence. Boys are not allowed in girls' rooms and girls are not allowed in boys' rooms. **CURFEW, VISITATION, AND QUIET HOURS ARE STRICTLY ENFORCED.**
4. Abusive language, criticism, teasing, bullying, harassment or sarcasm is not tolerated. Campers will act in a courteous & respectful manner towards other campers, coaches, trainers, students, working personnel, and all other persons they may encounter on the host property.
5. Trespassing by campers into parts of the school buildings not specifically used by the Camp is forbidden. This includes, but is not limited to, kitchens, cellars, elevators, offices and all locked and unlocked rooms or closets.
6. Campers will not vandalize, deface, damage, or in any way misuse any host school property, camp property, or the property of other campers. Campers/Parents/Guardians will be charged for the cost of any repairs to dorm or other camp or campus property.
7. Flammables, explosives, firearms and weapons of any kind are not permitted at camp. Tampering with electrical wiring, lighting, fire equipment or alarms is forbidden.
8. Possession or the use of tobacco, alcoholic beverages or drugs while at camp is forbidden. Camper bags may be inspected upon check in or at any time during camp to ensure no drugs, alcohol, or other improper substances are brought to camp.
9. Campers are not permitted to interact with Camp Director and/or staff through social media, email, text or phone before, during or after camp.
10. Full participation in the program is mandatory. Non-participation for ANY reason, including illness or injury, does NOT qualify for a tuition refund.
11. The Camp **IS NOT** responsible for lost or stolen articles or money. Please leave valuables at home.
12. Cell phone usage is prohibited during camp activities. Cell phones must be kept in the dorm room (overnight campers) or gym bag (day campers). Though allowed, cell phones are not required. Should the need arise, the Camp Director and/or staff will have a phone available for camper's use or to directly contact the camper's parent/guardian.

**IN THE EVENT OF A VIOLATION OF CAMP POLICY, PARENTS/GUARDIANS WILL BE IMMEDIATELY NOTIFIED AND REQUIRED TO PICK UP AND/OR ARRANGE FOR TRANSPORTATION HOME FOR THE CAMPER(S) INVOLVED.**

**I/WE AGREE TO AND ACKNOWLEDGE THE ABOVE CAMP RULES AND REGULATIONS:**

\_\_\_\_\_  
CAMPER NAME (PRINT)

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN (PRINT)

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

\_\_\_\_\_  
DATE

**ACKNOWLEDGEMENT AND ASSUMPTION OF COVID-19 RISK  
AND WAIVER OF LIABILITY**

**US SPORTS CAMPS**

On March 11, 2020, The World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**ACKNOWLEDGEMENT AND ASSUMPTION OF ALL RISK**

By signing this Waiver of Liability, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that your minor child may be exposed to or infected by COVID-19. You acknowledge that by attending US Sports Camps, such exposure or infection may result in personal injury, illness, disability, and/or death or financial loss or harm as a result thereof. You understand that the risk of becoming exposed to or infected by COVID-19 at US Sports Camps may result from the actions, omissions, or negligence of yourself, your minor child, and others, including, but not limited to US Sports Camps' employees, contractors, other campers and visitors to US Sports Camps' facilities.

You acknowledge that US Sports Camps cannot guarantee that your minor child will not become exposed to or infected with COVID-19 if he/she attends US Sports Camps. Further, because of the number of individuals involved in operating or attending any US Sports Camps and the fact that many infected individuals appear to be asymptomatic, attending a US Sports Camp may increase your minor child's risk of contracting COVID-19.

You voluntarily agree to assume all of the foregoing health and financial risks and accept sole responsibility for any injury to your child(ren), your family and others associated with you (including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind whatsoever).

**RELEASE OF ALL CLAIMS**

By signing this Waiver, you hereby (for yourself, your minor child(ren), and for your personal representatives, agents, family members, significant others and assigns (for which you have the legal authority and authorization to do so)) expressly (a) release, discharge and hold harmless, US Sports Camps its employees, agents, affiliates, and representatives, of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind (contingent or real) arising out of or relating to COVID-19 (directly or indirectly), and (b) covenant not to sue and agree not to pursue any claim of any nature whatsoever against US Sports Camps, its employees, agents, affiliates, and representatives, under general laws or equity, the judicial system, through governmental or regulatory channels, quasi-governmental authorities or otherwise, if you, your minor child(ren), your personal representatives, agents, family members or significant others (if and as applicable), experience personal injury, illness, disability and/or death or financial harm arising out of or relating to COVID-19 (directly or indirectly).

**You understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of US Sports Camps, its employees, agents, affiliates, and representatives, whether a COVID-19 infection occurs before, during, or after participation in attending any US Sports Camp. Accordingly, you waive for yourself, your minor child(ren), and for your personal representatives, agents, family members, significant others and assigns (for**

INITIALS \_\_\_\_\_

**which you have the legal authority and authorization to do so) Section 1542 of the California Civil Code, which provides:**

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

You also waive any similar statute under any other state or federal law, to the fullest extent that he, she, or it may lawfully waive such right or benefit. You further agree that this Waiver is intended to be as broad and inclusive as possible and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Consistent with the above, you recognize that in the event you or your minor child(ren) test positive for COVID-19, regardless of where you or they contracted the virus, you have a duty to promptly notify US Sports Camps if your minor children have used its camp facilities at any time during which they may have exposed other persons so that US Sports Camps may perform "contact tracing." You also recognize that should another person who attended any US Sports Camp at the same time test positive, you may need to be notified. Accordingly, you are providing your telephone, phone number and residence address below.

You acknowledge and agree that you have carefully read and agree to voluntarily sign this Waiver and that you may be giving up valuable legal rights.

[remainder of this page intentionally left blank]

IN CONSIDERATION OF MY MINOR CHILD(REN)/WARD(S) BEING ALLOWED TO PARTICIPATE IN THIS SPORTS CAMP PROGRAM, ITS RELATED EVENTS AND ACTIVITIES, I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE READ ALL OF THE PROVISIONS OF THIS WAIVER OF LIABILITY AND HEREBY AGREE TO ITS TERMS. I HAVE HAD THE OPPORTUNITY TO SEEK THE ADVICE OF LEGAL COUNSEL WITH RESPECT TO THIS RELEASE AND WAIVER OF LIABILITY AND ATTEST THAT I AM OF SOUND MIND AND FULLY AWARE OF ALL LEGAL IMPLICATIONS AND RAMIFICATIONS ASSOCIATED WITH AFFIXING MY SIGNATURE HERETO.

Signature of Parent or Guardian:	Date:
Printed name of Parent or Guardian:	Relationship to Child(ren):
Email:	Telephone:
Address of Parent or Guardian:	
Name(s) of Child(ren):	
1.	
2.	
3.	
4.	

INITIALS \_\_\_\_\_

## US Sports Camps COVID-19 Safety Information

US Sports Camps (USSC) is committed to making our camps a safe environment and positive experience for all campers and staff. We are continuously monitoring CDC, WHO, state and local guidance to ensure our policies reflect all current safety standards related to group gatherings and youth sports. As safety guidelines change, our policies and procedures may change accordingly. As camp approaches, our team will be in communication with camper families regarding any updates and additional details will be provided by camp staff during orientation. Please refer to [www.ussportscamps.com/covid-safety](http://www.ussportscamps.com/covid-safety) for more details and the most up-to-date information.

### Summary of Parent Responsibilities:

- Review USSC Covid-19 Safety policies on the website and any additional information sent via email
- Complete pre-camp parent waiver(s)
- Complete pre-camp and/or on-site rapid testing (if required)
- Complete daily symptom screenings for your child
- Ensure your child is healthy and check your child's temperature before camp each day
- Notify the Camp Director immediately if your child becomes ill for any reason during camp or in the 14 days following the end of camp
- Be sure your child has the necessary sanitizing products and personal protective gear with them at every training. i.e. hand sanitizer, 2 face masks/day (as required by state/local guidelines)
- Avoid carpooling when possible
- Ensure your child's clothing and all equipment are washed or sanitized before and after every day of camp
- Inform your child about CDC guidelines as well as those of your local health authorities and camp staff
- You can show your kids this 2-minute CDC Video! [Youth Sports: Tips to Protect Players from COVID-19](#)

### Summary of Camper Responsibilities:

- Make sure you get your temperature checked daily by a parent or staff member
- Tell your parents or a staff member if you aren't feeling well before, during or after camp
- Wash your hands thoroughly before and after training and during breaks
- Bring hand sanitizer with you and use it when exiting and entering your cars and often throughout the day
- Wear a mask to camp and bring an extra backup mask daily (as required by state/local guidelines). *USSC supports face coverings as a preventative measure and encourages all staff and campers to wear masks, even if not mandated.*
- Do not touch or share anyone else's personal equipment, water, food, or bags
- Practice 6-foot social distancing at all times with other campers and staff, unless training or competitive activity requires closer contact and are approved by camp staff following the state/local guidelines
- Place bags and other personal equipment at least 2-feet apart from other campers' belongings
- Wash and sanitize all clothing and equipment before and after every day of camp
- Avoid high-5s, hugs, handshakes, fist-bumps, etc. with other campers or staff
- Follow all CDC guidelines as well as those of your local health authorities and camp staff

*US Sports Camps will follow COVID-19 social distancing and safety guidelines as set by the state and local government authorities. While we are taking every possible precaution, we cannot guarantee against exposure during camps. An inherent risk of exposure to COVID-19 exists in any public place where people are present.*



# MANDATORY COVID-19 SYMPTOM SCREENING FORM

**This form must be printed, completed, and turned in at check-in on the first day of camp.**

PLEASE CIRCLE THE ANSWER

<p>1) Has the camper experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> <li>• fever or chills</li> <li>• cough</li> <li>• shortness of breath or difficulty breathing</li> <li>• fatigue</li> <li>• muscle or body aches</li> <li>• headache</li> <li>• new loss of taste or smell</li> <li>• sore throat</li> <li>• congestion or runny nose</li> <li>• nausea or vomiting</li> <li>• diarrhea</li> </ul>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>2) Is the camper isolating or quarantining because s/he tested positive, may have been exposed to a person with COVID-19 or is worried that s/he may be sick with COVID-19?</p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>3) Is the camper fully vaccinated OR has the camper recovered from a documented COVID-19 infection in the last 3 months?</p> <p><i>To be considered fully vaccinated, you must be ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine.</i></p>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p><b>IMPORTANT: IF YOU ANSWERED "YES" TO QUESTION 3 AND "NO" TO QUESTIONS 1 &amp; 2, PLEASE SKIP QUESTIONS 4 &amp; 5. YOU ARE APPROVED TO ATTEND CAMP TODAY.</b></p>		
<p>4) Within the past 14 days, has the camper been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:</p> <ul style="list-style-type: none"> <li>• Anyone who is known to have laboratory-confirmed COVID-19?</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• Anyone who has any symptoms consistent with COVID-19?</li> </ul>	<p><b>YES</b></p>	<p><b>NO</b></p>
<p>5) Is the camper currently waiting on the results of a COVID-19 test?</p>	<p><b>YES</b></p>	<p><b>NO</b></p>

If the camper **IS NOT** fully vaccinated, did you answer **NO** to **ALL** QUESTION?

Permission to attend camp today: **APPROVED**

Please bring this completed form with you to camp check in today.

If the camper **IS NOT** fully vaccinated, did you answer **YES** to **ANY** QUESTION?

Permission to attend camp today: **NOT APPROVED**

On the basis of the information you have provided, the camper needs to be evaluated by a professional healthcare provider before joining camp. Please call your Camp Director to inform him/her of the camper's approval status.

Camper First & Last Name: \_\_\_\_\_

Camp Location: \_\_\_\_\_

Signature (parent/guardian for minors): \_\_\_\_\_ Date: \_\_\_\_\_