

Registration Procedure:

1. Each camper will need this form signed by a parent/guardian. It will be available on the camp's website for you to print, sign, and send with your camper if not coming together.
2. Upon arrival, a staff member will greet your vehicle and give you forms to sign for your camper(s) if you do not have them already.
3. Fill out the Participation Agreement and Good Health Statement below. You will need one form for each camper.
4. Upon completion of the form, adults and camper(s) attending camp may proceed to registration on the dining hall porch as usual. Our camp nurse will be checking camper's temperatures in the registration process.

Participation Agreement for Campers

I recognize and acknowledge that there are many health threats in our culture at this time and that my camper will be interacting with many people at Camp Mantowagan. I agree that Camp Mantowagan will in no way be held responsible for medical treatment or liability resulting from health or physical conditions existing prior to my camper attending camp. I further agree to indemnify and hold harmless Camp Mantowagan from any claims related to the spread of any infectious diseases my camper may receive or carry to another individual at Camp Mantowagan as a result of attending Camp Mantowagan's programs and as such I assume all risks associated with these activities. Still further, I agree to indemnify and hold harmless Camp Mantowagan from any claims related to allergies or sensitivities my camper may encounter. I agree that Camp Mantowagan will in no way be held responsible for allergic reactions of any sort and I assume all risks associated with these sensitivities.

Signed: _____ Date: _____
(parent/guardian signature)

Good Health Statement for Campers

I certify that my camper, _____, has not had a fever, persistent cough, body aches, fatigue, shortness of breath, loss of taste or smell, or any other symptom in the past 5 days. In addition, I certify that no one in my camper's household has these symptoms. I have no reason to believe my camper has come in contact with anyone who has tested positive for, or been exposed to, a communicable illness such as flu, pink eye, RSV, or COVID-19 in the past 5 days.

Printed Name: _____ Date: _____
(parent/guardian)

Signed Name: _____ Date: _____
(parent/guardian)