



## PARTICIPATION/HEALTH FORM

This information will be kept in confidence, and is used for any program at Camp Newaygo or off-site programs. Please read thoroughly and fill out this form completely. If you have questions or need assistance, our staff would be glad to help you.

### Participant Data:

|  |       |                |       |
|--|-------|----------------|-------|
| Name:  | _____ | Telephone:     | _____ |
| Address:   | _____ |                |       |
| Birth date:  | _____ | Age:           | _____ |
| What group will you attend with?:                      |       | _____          |       |
| Emergency Contact (For minors-guardians please): _____ |       |                |       |
| Day Phone:   | _____ | Evening Phone: | _____ |
| Emergency Contact Address:                             |       | _____          |       |
| Relationship:  |       | _____          |       |

### Health Data:

It is your responsibility to certify your health status when you take part in Camp Newaygo programs. Please answer yes or no if you have any of the following conditions which would prevent your participation.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you have any history of high blood pressure, heart disease or heart problems?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any issues related to stress or mental health?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any breaks, strains or pulls or back or neck problems?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had any surgery or therapy which would prevent your participation?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any pulmonary disease or problems catching your breath?                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any chronic illness?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require any accommodation to fully participate in any programs?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently on any medication which would prevent your participation?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any allergies, conditions, or recent first aid which would prevent participation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Any other health concerns: \_\_\_\_\_

### Health and Liability Release:

I give my permission for my child to participate in all activities as they pertain to his/her program (including water sports, high and low ropes courses, rockwall, zipline, overnight, and out of camp activities). I understand and assume full responsibility for all risks associated with program activities which include risk or injury and/or death due to acts of God, inclement weather, slipping, falling, insect bites, equipment failure and all other circumstances inherent in outdoor settings. I release Camp Newaygo and all of their employees or agents from any and all liability for use of any image generated which includes, but not limited to, articles, brochures, memory books, videos, television, Internet, newspaper, and magazine advertisements, Internet images, and all other Internet web site usage. I certify that I am in good health and condition to participate in this program. I further certify that Camp Newaygo has been informed of my health issues as they may relate to this program and I agree to accept full responsibility for any emergency medical treatment incurred as a result of my participation. Finally, I agree to hold harmless and free from liability Camp Newaygo and covenant not to sue, including its staff, directors, volunteers or other representatives.

**(Further consent for minors)** The parent/guardian of the above said minor accepts full responsibility for all medical costs incurred by accident or otherwise, and **gives full permission to Camp Newaygo to seek and obtain any medical treatment deemed to be necessary by Camp Newaygo Staff and/or volunteers.**

|   |             |
|---|-------------|
| _____   | _____       |
| <b>Participant Signature</b>                  | <b>Date</b> |
| _____   | _____       |
| <b>Guardian/Parent Signature (Minor Only)</b> | <b>Date</b> |