# sonDAY camp
# July 28-30

It is First Woodway Youth Ministry's desire to provide the best camp experience for campers, leaders and staff. Your health and safety while at Day Camp is our first priority. We are taking reasonable measures to help prevent the spread of COVID-19, including requiring a daily health screening for all individuals attending.

**Please complete and turn in this form upon arrival at Day Camp on July 28.**

Participant Name: _____

Parent/Guardian Name: _____

Emergency Contact Cell Phone #: _____

## Symptom Check

Check any of the following symptoms that the camper/participant has experienced within the past 14 days:

_____ Fever (above 100 degrees)

_____ Persistent Cough

_____ Body Aches

_____ Shortness of breath/difficulty breathing

_____ Change in taste or smell

_____ Generally not feeling well

Initial Here: _____

## Contact History

Check any of the following that apply to the participant:

_____ Individual has been in close contact with someone who has tested positive for Covid-19 within the past 14 days.

_____ Individual has been in close contact with someone who has exhibited symptoms of Covid-19 within the past 14 days.

_____ Individual has traveled to a known hot-spot for Covid-19 within the past 14 days.

Initial Here: _____

## Permission and Verification of Info

**I agree to permit _____ to attend sonDAY Camp on July 28-30, 2020. The event sponsors have my permission to seek any medical treatment for my child. By signing below, I verify that I have provided accurate information regarding my camper's/my health. Further, I understand the inherent risk associated with contracting Covid-19 in a Day Camp setting. Despite these risks, I choose to participate/allow my child to participate in Day Camp at First Woodway.**

**Medical Release/Authorization:** I hereby give authority to one of the trip sponsors to secure any necessary medical treatment in the event of an emergency due to sickness or accident while on this outing. I understand that our family physician will be contacted, if possible, but in the event that he cannot be reached, the counselor in charge may choose a reputable physician. We assume all of the risks and hazards incidental to the conduct of the activities and transportation to and from the area. We do hereby release, absolve, indemnify and hold harmless the First Woodway Baptist Church, the organizers, the sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named youth rising out of the trip. In case of injury we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

_____ _____

Signature of Parent/Guardian Date