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## Wisconsin Retreat Application 2024 (Form A)

Spring/Fall Craft Retreat, March 15–23 and September TBD **Retreat Name/Dates: Retreat Directors:** Karen LePitre **Camper Information** Please complete a separate form for each person attending camp. Name of Camper Address State\_\_\_\_ City Phone \_\_\_\_\_ Camper Email\_\_\_\_\_ Birth (MM/DD/YYYY) Age (by start of camp) □Male □Female Emergency Contact Information Campers MUST have two emergency contacts to attend camp Contact #1 Relationship \_\_\_\_\_ Name Contact #2 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address \_\_\_\_\_\_ City \_\_\_\_ State \_\_\_ Zip \_\_\_\_ Email \_\_\_\_\_ C. II DI Home Phone Work Phone Cell Phone Please return Wisconsin Applications and Forms to: CampBlessingApps@gmail.com or Marcia Graveen 1650 Naugart Dr. Merrill, WI 54452 **Deadlines & Fees** Applications should be received one month prior to camp/retreat start date. Camp Blessing reserves the right to cancel a camp/retreat if registration is inadequate. Retreat cost is \$25 for the weekend only or \$125 for the week for all participants over 18 years; please include payment with your application. Assumption of Risk / Waiver of Liability / Indemnification Agreement In consideration of being allowed to participate on behalf of Camp Blessing, Inc. and related events and activities, the undersigned acknowledges, appreciates, and agrees that: 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated terms and conditions for participation as regards to protection against infectious diseases; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

HOLD HARMLESS Camp Blessing, Inc., their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"),

WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASES OR OTHERWISE, to the fullest extent permitted by

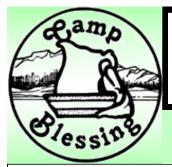


## Medical Information & Health History 2024 (Form B)

Please include accurate health information that the Camp Director, Staff, and Nurse should be aware of to insure well-being of campers.

All forms are available at www.campblessing.com

wiedical record 101	r (name)	Date:
Health History Plea  Seizures Hypertension Epilepsy Bleeding Disorders	se check all that apply  Ear Infections Heart Disease/defect Musculoskeletal Disorders Hay fever	Diabetes Asthma Skin Conditions Other
Details		<del></del>
General Diet:	Special Diet:	
Allergies Please indicate Food Drug	List Allergens	
Animals Insect Bites Plant/pollens	Symptoms	
Other:		
Camp Blessing. By atter Blessing publication such I grant permission for an deemed necessary for the	sign and date the bottom. All campers must have authoriding a Camp Blessing event, you grant permission to has, but not limited to brochures, web sites and camp by emergency treatments (including medical, surgical, e camper listed above during his/her stay at Camp Blessing and camp Blessing his/her stay at Camp Blessing his/her stay a	use photos of attendee in Camp reports.  anesthesia of other procedure)
	performed at a local hospital.	
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## **Medication Record Health 2024 (Form C)**

This page MUST be filled out completely if the applicant is taking medications of any type.

All medications MUST be in their original containers and clearly labeled with applicants name and current instructions.

Medication record for (name)	Date:
Medication Instructions	
Bring all medications to Camp Nurse upon arrival. All medications The Camp Health Supervisor cannot dispense medications unless:	will be kept secured in the Nurse's Office.
1. Medication is in original container.	
2. Camper's name is clearly labeled on container.	
3. Instructions listed below must match label on container.	
Medication name:	
Dose and route.	
Time to be given:	
Time to be given:  Specific instructions or reason to contact physician:	
Medication name:	
Dose and route.	
Time to be given:	
Time to be given:Specific instructions or reason to contact physician:	
Medication name:	
Dose and route:	· · · · · · · · · · · · · · · · · · ·
Time to be given:Specific instructions or reason to contact physician:	
Medication name:	
Dose and route.	
Time to be given:Specific instructions or reason to contact physician:	
Medication name:	
Dose and route:	
Time to be given:	
Specific instructions or reason to contact physician:	
Camper Signature	DATE