



2021 CAMPER REGISTRATION FORM

Senior Camp Intermediate Camp

Junior Camp Pee Wee

A \$10 non-refundable registration fee should be included with this application to secure your spot in the camp. We ask that the rest of the payment be made when you register at camp. **NO WALK-INS WILL BE ACCEPTED THIS YEAR! YOU MUST PRE-REGISTER BY JUNE 1ST.**

PERSONAL INFORMATION

**PLEASE READ THIS REGISTRATION CAREFULLY
AS SOME ITEMS HAVE CHANGED DUE TO COVID-19.**

Name:		Date of Birth:
Current address:		
City:	State:	Zip Code:
Phone	E-mail:	
Grade Completed:	How many years have you attended ECCO?	
Current Church you attend:		
Sponsoring EC Church (if applicable):		
Parent / Guardian:		Phone:
Parent Email:		

MEDICAL INFORMATION

Medical Insurance Company:		Policy #:
Emergency Contact/Phone:		
Address:		
City:	State:	Zip Code:
Relation to Camper:		
Physician Name:		Physician Phone:
Date of last tetanus shot:		
Has anyone in your family had COVID-19?		

Please list any health restrictions below List on separate sheet of paper if you need to (*heart conditions, asthma, epilepsy, etc*)

Please list any current medications/dosages: List on separate sheet of paper if you need to

(All medications must be in their original bottle, please bring any inhalers or epi-pens if they are needed by the camper)

In case of an emergency, if efforts to contact my emergency contact are unsuccessful, I give my permission to the camp nurse or Dean of the camp to authorize any treatment necessary by the attending doctor or hospital staff. I also understand that my personal insurance will be considered the primary insurer in case of sickness or injury that requires medical treatment at a hospital.

Signature:

HEALTH HISTORY

- Diabetes Asthma Seizure Disorder Heart Problems Serious Illnesses or Injuries Surgeries

Please list any allergies (specify if they are related to medications, insects, latex, foods, etc. With reactions):

- Does your child receive any additional support at school? IEP/Special Education, 504 accommodations, etc
 Does your child have difficulties in new settings? Home sickness?
 Has your child been a victim of bullying?

Our camp is limited in the amount of care that we can give students with special needs. Please explain any special needs your child may have so that we may follow up with you.

Due to COVID-19 restrictions, we will be unable to administer Tylenol, ibuprofen or any drug that reduces fever or any other COVID-19 like symptoms. We can administer the following:

- Calamine Lotion Antibiotic Ointment Hydrocortisone Cream

Please do NOT give my child the following:

Pictures are often taken as mementos and as a historical record of the camp. Pictures may be used on the camp website, as well as social media sites run by the camp. Please sign below to **ALLOW** your child's picture to be photographed and included on social media (names of campers are never placed online)

Signature:

All camps use the lake for general swimming, canoeing and other water activities like the trampoline. Please sign below to **ALLOW** your child to participate in these activities.

Signature:

Camper Code of Conduct

To maintain high standards of morality, health, and safety, and to abide by the laws of our nation and state, the following rules and policies have been established by the Executive Committee of the Camp ECCO Board. Violation of the rules may be punishable up to the dismissal from the camp and financial restitution for willful property damage.

1. Due to the nature of the COVID-19 pandemic and the policies Camp ECCO must abide by to operate, I willingly agree to follow all the guidelines presented in the Reopen ECCO Guidelines pertaining to COVID-19.
2. I willingly agree that I will not use, possess, or distribute tobacco, alcoholic beverages, controlled substances, illegal drugs, and fireworks.
3. I willingly agree that I will limit my lakefront activities to swimming, fishing, canoeing and the trampoline. I agree that I will not go into the lake or be by the dock without the direct supervision of the camp lifeguard.
4. I willingly agree that I will turn over all prescribed and over-the-counter medicine to the Camp Nurse upon my arrival at registration. The nurse will dispense my medications only according to the specific written instructions of the physician or parent/guardian.
5. I willingly agree that I will not leave the campgrounds for outside activities for any reason with the direct permission of the Camp Dean.
6. I willingly agree that I will not loiter in or around cabins designated for the opposite sex.
7. I willingly agree that I will not leave the dorm during the night with the permission of my counselor. I understand that failure to follow this policy may result in my being asked to leave camp for the remainder of the week.
8. I willingly agree that my clothing will be modest and in good taste and that no vulgar or offensive language or unwholesome activities will appear on the clothing.
9. I willingly agree to always wear shoes, except for prescribed activities
10. I willingly agree to attend and participate in all planned activities and meals unless excused by the Camp Dean.

We have read the above information and will abide by these rules.

Signature of Camper

Signature:

Signature of Parent or Guardian

Signature:

Please return this application along with your registration fee to the camp registrar, Jennifer Compston 5784 Daffodil Court, Grove City, OH 43123. Any questions you may have can be directed to her at campeccoregistrar@gmail.com.

Contractual Support for COVID-19 Camp ECCO

Safety Requirements for Families

I _____, parent/legal guardian(s) of _____
_____ have my Child(ren) participate in Camp ECCO,
effective _____.

The following list is true of my family:

- I will attempt if possible, to make the drop off and pick-up person consistent to reduce exposure from more people.
- If I bring my child(ren) to Camp ECCO, it is because everyone in our home is healthy and symptom free, with no known exposure to COVID-19.
- I will support having my child screened for signs of illness.
- The Camp Nurse will have the final discretion whether my child will receive any fever reducers on any day of attendance.
- If my child shows signs of illness during care, the Camp Nurse will have the final discretion whether my child needs to return home. I, or an "other authorized" on the application will be asked to retrieve my child from the camp as soon as possible.
- I will not bring extra people to the camp when dropping off and picking up my child(ren) if possible.
- I understand if I am uncomfortable with sending my child to Camp ECCO with the precautions outlined in the Reopen ECCO Safely Guidelines that I should keep my child at home.
- I understand the situation is fluid and subject to State and Local authority revision.
- I understand failure to follow these new safety guidelines will result in my child(ren) not being allowed to attend Camp ECCO in 2021. I also understand failure to follow these new safety guidelines while my child(ren) is at camp will result in them being asked to go home.

By signing below, I agree and acknowledge the above mentioned

_____ Parent/Legal Guardian signature	_____ Parent/Legal Guardian Printed Name	_____ Date
_____ Parent/Legal Guardian signature	_____ Parent/Legal Guardian Printed Name	_____ Date

Waiver of Liability Relating: Coronavirus/COVID-19

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 over the past several weeks. **Camp ECCO** (hereafter ECCO) has put precautions in place to reduce the spread of COVID-19; however, **ECCO cannot guarantee** that you or your family, including your child(ren), will not become exposed to, or infected with COVID-19. Further, because of the number of individuals involved at ECCO and the fact that many infected individuals appear to be asymptomatic, **attending ECCO could increase** your and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending ECCO, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at ECCO may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ECCO employees, contractors, volunteers, other users of the Camp ECCO buildings, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Camp ECCO. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless ECCO, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Camp ECCO, the Evangelical Congregational Church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Parent/Legal Guardian signature

Parent/Legal Guardian Printed Name

Date

Parent/Legal Guardian signature

Parent/Legal Guardian Printed Name

Date