PARENT AND CAMPER STATEMENT OF UNDERSTANDING OF CAMP SOZO POLICY

I am aware that my child will have the opportunity to participate in camp activities which may involve a degree of risk, and I approve his/her participation in such activities. I understand that accidents can occur. Recognizing that the camp will do its best to ensure a safe and enjoyable camping experience, I hereby release Camp SoZo and its operator, Help Agency of the Forest, Inc., and all staff members and volunteers, from any and all responsibility and liability of any nature resulting from my child's participation in any camp activity.

I understand that my child will be photographed, and consent to the photographs being used for camp promotional purposes. Camp SoZo uses only campers' first names in photo captions and articles.

We (camper and parent) understand that all campers are expected to participate fully in camp activities. Swimming, canoeing, and other activities are a part of the Camp SoZo experience. Campers are expected to follow all camp rules such as cooperating with others, cleaning up after themselves, wearing shoes and life jackets when appropriate, and following staff directions.

We understand and support camp policies prohibiting campers from bringing weapons to camp, and from possessing or using tobacco products, alcoholic beverages or non-prescription drugs while at camp. We recognize that campers must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to themselves or others. Failure to follow these guidelines may result in a camper being sent home without a refund.

By signing this form, I agree that I have read and understand the camper rules listed below. I agree and acknowledge the camper rules and will adhere to each rule during my time at Camp SoZo.
CAMPER RULES

• Bring all towels and clothes with you when you leave shower house
• No boys and girls in shower building at the same time
• Stay out of undesigned areas
• When doing outside activities, use outside chapel bathrooms
• Clean up after yourself in buildings and outside
• Always use life jackets when in canoes (even those over 18)
• Adult supervision and permission is required for canoeing
• Return all life jackets and paddles, neatly, after swimming/canoeing
• Keep dorm areas clean-swept out each day
• DO NOT leave trash outside dorm buildings
• Please notify Camp SoZo staff immediately if any problem arises or objects are broken
• As stated in Camp SoZo Policy, use and possession of drugs, alcohol, or weapons of any kind is prohibited
• Good moral character required—NO cussing, fighting, or PDA
• No rough-housing in dorms or living areas
• If you use it, put it away
• Pick up your trash-over flowing trash cans are to be brought to the dining hall at breakfast
• Bathrooms are to be kept neat and clean with the materials provided.
• All camper gear/possessions must be stowed and living area neat, including bed made.
• Each camper is responsible for their own items. Camp SoZo will not be held liable for lost or stolen goods.

• Hang all wet towels and clothes outside to dry

• If kitchen or other buildings are used, clean your mess and put away all used items before leaving that area.

• Notify Camp staff immediately when site is in need of any materials (toilet paper, paper towels, soap, garbage bags)

_________________________________  
Parent/Guardian Signature  

_________________________________  
Camper Signature

_________________________________  
Parent/Guardian PRINTED Name  

_________________________________  
Camper PRINTED Name

_________________________________  
Date  

_________________________________  
Date
CAMPER INFORMATION

Camper's Name: ___________________________ M/F: ____ Birth date: ________Age: ______
Address: ___________________________________________ Phone: __________________
Parent(s) or Guardian: ___________________________ Phone: __________________
Home Address: ___________________________________ Phone: __________________
Business Address: _______________________________ Phone: __________________
Emergency Contact: ___________________________ Relation: _________________________
Address: ________________________________________ Phone: __________________
Second Emergency Contact: _____________________ Relation: _________________________
Address: ________________________________________ Phone: __________________

HEALTH HISTORY FORM (to be completed by Parent or Guardian)

Name of Camper's Physician: ___________________________ Phone: __________________
Is the Camper covered by medical/hospital insurance plan? YES____ NO ____
If so, Indicate: Provider _______________________________________________________
Policy or Group #: ___________________________ I.D. # _______________________

Does the camper have any chronic illness or disability? YES _____ NO ______
(Please describe) ___________________________________________________________________________________________

Is the camper taking any medications? (Please send with instructions) ______________________________

Does the camper have any allergies to medications, foods, poison ivy, bee stings, or hay fever?
________________________________________________________________________________________

List any allergies or other current health problems. Include physical, mental, or emotional problems.
Provide any information concerning this child’s health, habits, or welfare of which the camp staff should
be aware of: ________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

THIS HEALTH HISTORY IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND MY CHILD
HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED CAMP ACTIVITIES EXCEPT AS NOTED.

AUTHORIZATION FOR TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL
PERSONNEL SELECTED BY THE CAMP DIRECTOR OF CAMP SOZO TO ORDER X-RAYS,
ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR ME AND/OR MY
CHILD. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE
PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND
ADMINISTER ALL NECESSARY TREATMENT, INCLUDING HOSPITALIZATION, FOR MY
CHILD NAMED ABOVE.

______________________________  ______________________________
Parent/Guardian Signature      Date
PACK LIST (THIS IS YOUR PACK LIST PAPER TO KEEP)

• Bedding (including pillow and sleeping bag or sheet & blanket)
• Hygiene items for showering
• Swimming clothes (including shorts and shirts, these will need to go over girls bathing suits)
• Tennis shoes
• Clothes to get dirty (as they will be playing lots of outside games)
• 2 towels (1 for swimming, 1 for showering)

*Please no electronics at camp

**Please label your child’s items so they do not get lost (including towels and bedding). We are not responsible for lost or stolen items.