

PARENT/GUARDIAN PERMISSION for (name of camper), \_\_\_\_\_

Parent/Guardian Agreement: (PLEASE READ AND INITIAL EACH)

\_\_\_\_\_ If the adult in charge is unable to locate either person designated to be notified in case of an emergency, the adult in charge may take such emergency measures as they deem appropriate.

\_\_\_\_\_ I give permission for my child, named above, to attend camp and participate in all phases of the activities at camp, including but not limited to the following: swimming, boating, fishing, and other waterfront activities, low and high element ropes course and outdoor cooking. I understand and agree to cooperate with all the rules and regulations of the camp.

\_\_\_\_\_ I understand that Celiac Strong Camp is not responsible for the personal property of camper named above.

\_\_\_\_\_ The camp nurse / director may take such emergency measures as she/he/they deem appropriate and shall notify the parent or legal guardian as soon as possible. My camper, named above, may be transported for program or emergency purposes in a vehicle designated by the camp director.

\_\_\_\_\_ I understand that when participating in Celiac Strong Camp activities, my child, named above, may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats for Celiac Strong Camp Inc. If you do not want your camper to appear in images, you must submit this request in writing. Celiac Strong Camp reserves the right to send campers home for inappropriate behavior at the parent's/guardian's cost, and without refund. The safety and security of our campers is always our highest priority.

\_\_\_\_\_ Dietary limitations: Please note that we will not be able to accommodate any other diet preferences other than gluten free & lactose free. Celiac Strong Camp will not be able to accommodate any other dietary intolerances, allergies &/or sensitivities (other than gluten free & lactose free). Please know that we will not assume responsibility for any other dietary constraints. We regret the inconvenience that this poses to attendees & appreciate your understanding of our policy.

\_\_\_\_\_ I agree: Release of (Hold Harmless Agreement) Liability and Assumption of Risk Agreement: 1. The risk of injury from the activities involved in this program, Celiac Strong Camp, Inc., is sufficient, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and. 2. I, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my camper, named above and / or my participation; and. 3.1, for myself and on behalf of my children, heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Celiac Strong Camp Inc., its officers, officials, agents, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, owners and lessors of premises used to conduct the event ("Releasees"). WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.\*

By signing below, I acknowledge agree to Celiac Strong Camp Hold Harmless Agreement and all stated above.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_, Relationship to child: \_\_\_\_\_

### **Photograph/Media Permission**

I give permission for photographs and media of (name of camper), \_\_\_\_\_ to be recorded during Celiac Strong Camp to be used for the purposes of representing Celiac Strong Camp Inc. Promotional materials include, but are not limited to, brochures, digital presentations, videos, websites used for Celiac Strong Camp and representing organizations. *Individual's names will NOT be listed, shown, associated with or publicized in any way.*

\_\_\_\_\_

Signature of parent/guardian holding legal custody

\_\_\_\_\_

Date

\_\_\_\_\_  
Printed Name of Parent/Guardian holding legal custody

### **Zero Tolerance Policy**

For the safety of all people at camp, Celiac Strong Camp cannot and will not tolerate any behaviors listed below.

- Smoking, drinking alcohol and/or the use or possession of illegal substances
- Leaving the cabin during lights out for any reason other than using the lavatory facility or to see the nurse.
- Possession of any weapons or anything intended to be used as a weapon and/or all physical violence.
- Bullying, harassing, hitting or intimidating other campers and staff
- Leaving camp property
- Behavior that places camper or others in an unsafe situation
- Please dress appropriately under school guidelines.

**PLEASE HAVE A CONVERSATION WITH YOUR CHILD ABOUT THE SIGNIFICANCE OF THESE RULES PRIOR TO CAMP.**

I understand that the above listed behaviors will require me to leave camp immediately and there will be no refunds.

\_\_\_\_\_

Signature of Camper

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of parent/guardian holding legal custody

\_\_\_\_\_

Date

\_\_\_\_\_  
Printed Name of Parent/Guardian holding legal custody

**Please print all these forms, single-sided.** These forms must be completed to be eligible for attendance to camp. The completed forms must be returned and postmarked by **May 15th** in order to maintain your reservation at camp, failure to do so will result in no admission and please remember, registration fee is non-refundable. Thank you in advance for your understanding as well as your cooperation. We are looking forward to seeing this participant at Camp Celiac Strong.

This Waiver and Release of Liability is a legal document, and all its terms are important. PLEASE READ IT CAREFULLY.

Name of Participant: \_\_\_\_\_

COVID-19 is an illness that can affect the lungs, airways and circulatory system, among other things. COVID-19 is caused by the coronavirus. In order to stop or slow the spread of the virus, the Centers for Disease Control and Prevention recommend staying home as much as possible and limiting face-to-face contact with others. My signature below acknowledges my understanding that there is a risk that I (and, if I am the legal guardian of camp participant, Name of Participant above), may be exposed to the coronavirus as a result of Name of Participant above's participation in any activities provided, arranged, organized, or in any way associated or connected with Celiac Strong Camp Inc. and my agreement to release Celiac Strong Camp Inc from liability in the event I (or Name of Participant above) are exposed to the coronavirus as a result of my (or Name of Participant above's) participation in any Activities.

ACKNOWLEDGMENTS: On behalf of myself and Name of Participant above, and our respective heirs, assigns, personal representatives and estates, I understand, acknowledge and agree as follows:

- (1) COVID-19 has been declared a worldwide pandemic by the World Health Organization; and COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact;
- (2) Federal, state and local governments and health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people, among other preventative measures;
- (3) Celiac Strong Camp Inc has implemented preventative measures to reduce the spread of COVID-19. Despite these preventative measures, Celiac Strong Camp Inc cannot guarantee that I, Name of Participant above or any other youth or adult camper, volunteer, or visitor (each a "Patron") will not become infected with COVID-19, and there are risks inherent in entering Celiac Strong Camp and participating in the Activities, (such activities to include swimming, camping, dining, campfires, and other related or sponsored activities) and inherent risks related to COVID-19 infection and transmission;
- (4) Entry into Celiac Strong Camp and participation in the Activities could increase the risk of contracting COVID-19 for myself, Name of Participant above and those Patrons with whom we may come in contact;
- (5) The risk of becoming exposed to or infected by COVID-19 at Celiac Strong Camp or in connection with the Activities may result from the actions, omissions or negligence of myself, Name of Participant above and/or others, including without limitation camp, volunteers, directors, agents, representatives, Patrons or any others present at Camp or at such Activities;
- (6) When I (or Name of Participant above) enter into Celiac Strong Camp or attend Activities, I (or Name of Participant above) am doing so voluntarily, for purposes of participating in events or activities for my or Name of Participant above's personal benefit. The value of such benefit to enter into Camp and participate in the Activities, is sufficient consideration for my voluntary execution of, and compliance with, this Waiver and Release of Liability;
- (7) I (for myself and on behalf of Name of Participant above) voluntarily and knowingly assume the risk that I (or Name of Participant above) may be exposed to or infected by COVID-19 by entering into Celiac Strong Camp or participating in the Activities, and that such exposure or infection may result in personal injury, illness, disability and death; and I (for myself and on behalf of Name of Participant above) acknowledge and agree that, with respect to COVID-19, camp cannot and does not accept any (and expressly disclaims all) responsibility for my (and Name of Participant above's) safety and well-being while I (or my camp participant) am at Celiac Strong Camp or otherwise engaged in any Activity.
- (8) I (for myself and on behalf of Name of Participant above) acknowledge and agree that, with respect to COVID-19, HOAC cannot and does not accept any (and expressly disclaims all) responsibility for my (and Name of Participant above's) safety and well-being while I (or Name of Participant above) am at Celiac Strong Camp or otherwise engaged in any Activity.

ASSUMPTION OF RISK: I (for myself and on behalf of Name of Participant above) hereby acknowledge, accept and agree that I or Name of Participant above may be exposed to the coronavirus as a result of our participation in the Activities. I (for myself and on behalf of my camp participant, Name of Participant above) hereby assume all risk, dangers (including personal injury, illness, disability and death), and responsibility for any losses or damages, whether caused in whole or in part by the negligence or conduct of Celiac Strong Camp Inc, its volunteers, or any other person or entity acting in any capacity on its behalf (collectively referred to herein as the "Releasees"), that may arise. I, on behalf of myself and as legal guardian of any camp participant, understand that I am releasing, discharging, and waiving any claims or actions that I (and my camp participant, Name of Participant above) may have presently or in the future have for the negligent act or other conduct of the Releasees.

RELEASE: I (for myself and on behalf of my camp participant, Name of Participant above) am giving this Waiver and Release of Liability to the Releasees. I agree that my (and Name of Participant above's) entering into Celiac Strong Camp and our participation in any Activities is in all respects voluntary. In consideration of Celiac Strong Camp permitting me (and my camp participant, Name of Participant above) to enter into Camp and to participate in the Activities, I (for myself and on behalf of Name of Participant above) hereby voluntarily release, discharge, hold harmless, and covenant not to sue the Releasees, on behalf of myself and my camp participant for any and all claims or liabilities arising out of any negligence, fault, breach of contract, or any other act or omission which is in any way related to COVID-19 or any claim for illness, injury, disability, death, emotional injury, or damages of any nature in any kind in connection with my (and Name of Participant above's) entering into Camp or participation in the Activities or otherwise related to COVID-19. I understand that my agreement in this regard binds me, my camp participant and our respective heirs, assigns, personal representatives, and estates.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT, AGREE THAT IT IS MY INTENTION TO RELIEVE HOAC FROM ANY LIABILITY FOR PERSONAL INJURY, ILLNESS, DISABILITY OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE RELATED TO COVID-19. I FULLY RECOGNIZE AND UNDERSTAND THAT IF I (OR MY CAMP PARTICIPANT, Name of Participant above) AM EXPOSED TO THE CORONAVIRUS, I AM GIVING UP MY (AND MY CAMP PARTICIPANT'S) RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST HOAC FOR ANY INJURY, ILLNESS, DISABILITY, DEATH, EMOTIONAL INJURY OR DAMAGE RELATED TO THAT EXPOSURE. I (FOR MYSELF AND ON BEHALF OF Name of Participant above) EXPRESSLY ASSUME ALL RISKS. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS ON BEHALF OF MYSELF AND MY CAMP PARTICIPANT. I agree that if any portion of this Waiver and Release of Liability is found to be void or unenforceable, the remaining portions shall remain in full force and effect. As parent or legal guardian of a camp participant under 18 years of age, I have read and voluntarily agreed that said minor may enter Camp and participate in the Activities, and I sign this Waiver and Release of Liability on their behalf and represent that I am a lawful parent or guardian of the camp participant, Name of Participant above. I have read this Waiver and Release of Liability, and am bound by it whether or not I have read it. I also agree to all of the rules that HOAC may set concerning the Activities as specifically necessitated by COVID-19.

\_\_\_\_\_  
Name of Camper (Camp Participant)

\_\_\_\_\_  
Print Name of Camper's Guardian/Parent (over age 18)

\_\_\_\_\_  
Signature of Name of Participant above's Guardian/Parent

\_\_\_\_\_  
Date

# PHYSICAL FORM

*We will accept your Doctor's Physical Form also, as long as it was completed within 12 months of camp.*

Medical Personnel: Please review the Camper Health History Form and complete all remaining sections of this form. Attach any additional information if needed.

**TO BE COMPLETED BY A LICENSED PHYSICIAN:**

I have examined: Name \_\_\_\_\_ Date of Exam \_\_\_\_\_  
Last First Middle

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

**DIRECTIONS: PLEASE CHECK YES OR NO, EXPLAIN ALL 'YES' ANSWERS IN FULL**

Is the applicant under the care of a physician for any condition(s)?  Yes  No

The camper is undergoing treatment at this time for the following conditions: (describe below)  None

Medications:  No daily medications.

Will take the following prescribed medications while at camp: (name, dose, frequency – describe)

Diet, Nutrition:  Eats a regular diet.

Has a medically prescribed meal plan or dietary restrictions: (describe below)

Has there been any reported loss of consciousness, convulsion, or concussion?  Yes  No

Does applicant have epilepsy?  Yes  No

Does applicant have diabetes?  Yes  No

Any treatment to be continued at camp?  Yes  No

Any allergies (food, drugs, plants, insects, etc.)?  Yes  No

Activities to be encouraged or limited?  Yes  No

Additional Health Information:  Yes  No

In my opinion, the above candidate:  Is  Is Not, able to participate in an active camp program which may include but not limited to horseback riding, swimming, canoeing and other strenuous activities.

Licensed Physician's Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Date of Completion \_\_\_\_\_ By: \_\_\_\_\_

\*Initial if completed by nurse or physician's assistant

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian holding legal custody: \_\_\_\_\_

PERMISSION TO DISPENSE OVER-THE-COUNTER MEDICATION

In accordance with the New York Health Department ALL medication may be dispensed only under the guidelines of a physician. **NO MEDICATION (prescription or over-the-counter) WILL BE DISPENSED WITHOUT THIS SIGNED PERMISSION.** No need to purchase as our camp nurse will have these available if needed.

Prescription and non-prescription medications must be sent in the original container which includes directions for dispensing. Send only the amount to be given to the child during camp.

Medication	Dosage	Frequency	Indication
A & D Ointment	_____	_____	_____
Calamine Lotion	_____	_____	_____
Acetaminophen Tablet (325 mg)	_____	_____	_____
Ibuprofen Tablet	_____	_____	_____
Benadryl — oral	_____	_____	_____
Benadryl – topical	_____	_____	_____
Tums	_____	_____	_____
Solarcaine Spray	_____	_____	_____
Children’s Liquid Tylenol	_____	_____	_____
Children’s Liquid Ibuprofen	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

By signing, Celiac Strong Camp is allowed to give the above over-the-counter medications to my child, if needed.

Parent of \_\_\_\_\_’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed Physician’s Signature \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Print Physician’s Name \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Date of Completion \_\_\_\_\_ By: \_\_\_\_\_

\*Initial if completed by nurse or physician’s assistant



# Celiac Strong Camp, Inc.

*Worry-Free, because it's Gluten-Free*



We are pleased to be hosting Celiac Strong Camp for our 10th year. Please keep this sheet and the suggested packing list for your reference.

**Volunteer Camp Counselors:** There will be a training session on August 10, 2023 at 9:30 am, prior to the start of camp. Thank you for your interest in volunteering & assisting in making this camp a success.

**Camper & Volunteer Forms:** This is the last step for the registration process. This packet is part of the registration process and must be **returned by May 15th.** If the deadline is not met, the camper or the volunteer will lose their spot and the fee is non-refundable. Thank you in advance for your understanding & cooperation.

Check-in will be: Thursday, August 10, 2023 at 2:30 PM

Check-out will be: Sunday, August 13, 2023 at 2:00 PM

**Celiac Strong Camp will be held at Camp Cherith in Hunt, NY**

Location of Camp: **Camp Cherith, located at 9534 Short Tract Rd, Hunt, NY 14846**  
**If using your GPS, please use these Coordinates: 42.5655657° -77.9980397°**

**Pets:** No pets will be allowed on the property. If you bring your pet, even during registration, do not take your pet out of the vehicle. No pets may be allowed on the camp property. We love our pets, please either leave them at home or say goodbye at your vehicles. Do not leave your pets locked in a hot vehicle for the safety of the animals.

Please return your completed packet to: **Celiac Strong Camp, 4010 Dean Rd, Marion, NY 14505**

*We are looking forward to sharing smiles & having a wonderful camp experience together.*

**- Please keep this page for your reference -**

**\*\*There will be a \$25.00 fee for any returned checks.**

[www.CeliacStrongCamp.org](http://www.CeliacStrongCamp.org)  
[CeliacStrongCamp@gmail.com](mailto:CeliacStrongCamp@gmail.com)

Christina M. McGlynn, Admin Director, 585.230.0363

Daneille Tracy, Volunteer Director, 315.729.7466

Ashley Krul, Medical Director, 315.604.2100

Sabrina DeVos, Program Director, 585.230.0514

Kevin McGlynn, Operations Manager, 585.200.7040

## Suggested Packing List (Please reference when packing)

*We recommend labeling camper's items with their first and last names using a laundry marker. This helps things from being lost or left at camp, and we also recommend taping a list of "things the camper brought" in their suitcase for reference when they are packing (so they don't leave anything behind).*

- Pillow, mattress cover, twin size sheet and a sleeping bag and / or warm blanket.
- Bath and beach towel
- Two washable facemasks or T\three disposable facemasks (optional)
- Water bottle, reusable
- Water shoes (optional to be worn in the showers or at waterfront for fishing)
- Toiletries (shampoo, soap, deodorant, hairbrush, toothbrush/toothpaste, feminine hygiene, etc.) and something to carry their toiletries in, their towel and their clothes to the bathhouse.
- Shower shoes – water shoes or flip flops (flip flops can only be worn for showering purposes and not around camp)
- Laundry bag, labeled (for taking home dirty clothes)
- Sunscreen and bug spray, gluten free (to be used outside, not to be sprayed in any buildings)
- Raincoat/ poncho and rain boots
- Long pants (sweatpants or jeans for nighttime or hikes)
- Sneakers (suggest 2 pairs because one could get wet) – only closed toed shoes allowed to be worn at camp – no flip flops or open toed shoes! Flip flops may only be worn in the showers. The kids do a lot of walking – comfortable shoes please.
- Swimsuit
- Backpack
- Pre-addressed and stamped envelopes, pen & stationary if they would like to write home.
- Sweatshirt
- Appropriate clothing during time of stay – jeans / shorts / T-shirts / undies / socks / etc.
- Flashlight with batteries
- If applicable: Medication **in prescription labeled bottles only** – along with permission to dispense form.
- Optional: Camera (disposable-labeled) – no photos allowed to be taken in rest rooms, shower house or cabins
- Optional: Sunglasses & hat
- Optional: Games, crafts and props for skits to share with your cabin

### DO NOT BRING:

- Food, gum, candy, snacks... it attracts wildlife.
- Electronics - cell phone, MP3 player, radio, handheld game, video game, or any other electronics
- Pets
- Anything valuable you could lose such as money
- Cigarettes, drugs, alcohol, etc.
- Weapons (including pocketknives)

Celiac Strong Camp will not be responsible for any, damaged, dirty, lost, or broken items. Please know this is camp and we are in an outdoor setting. Do not wear your best clothing. Also, make sure campers double-check their items before leaving the camp as it will be your responsibility to retrieve any items left behind. We usually have a lost and found, but cannot be responsible with any replacement, or bringing/shipping items back to the volunteers or the campers. If cell phones and electronics are brought to camp, we will turn them off, take them away from the camper, place the item in a zip lock bag labeled with the camper's name and store them in the office. Items may be picked up at check out. Thank you for your understanding. **- Please keep last two pages for your reference -**