



Camper Name: _____

**This form MUST be signed and sent to the camp office
a minimum of 6 weeks prior to the camper attending Camp Anokijig**

REGISTRATION WAIVER

ATTENTION: PARENT OR GUARDIAN SIGNATURE & DATE REQUIRED

I approve this application and certify that the applicant is capable of such an experience. I understand that Camp Anokijig does not offer bilingual services. For the safety of my child, I understand that my child must be fluent in conversational English.

Any child found not to be fluent in conversational English shall be retrieved by a parent or legal guardian or returned home at the expense of the parent or child's legal guardian. I agree to pay the balance of the fees and send in all applications, forms and waivers at least **six(6)weeks** prior to arrival of the applicant to avoid a late charge of **\$50.00** Failure to complete payment, arrange for submission of required forms with our office, or cancel prior to five (5) weeks from scheduled arrival will result in **forfeiture of all fees paid** as well as my registered space. I understand that in order to qualify for any refund, cancellations must be made at least **six (6) weeks** prior to the scheduled arrival. Cancellations are not valid until confirmed in writing by Camp Anokijig. I understand that the **\$100.00** per session deposit is not refundable or transferrable. Once checked into camp, any camper who departs early for any reason will not receive any refund. This includes departure due to homesickness, decisions by the camper or family to go home early, or disruptive behavior as determined solely by the Camp Director

I understand that vaccination against CoVid-19 is not required for participation however I also understand that it is **STRONGLY** recommended. Although Camp Anokijig will take reasonable care to prevent transmission we cannot guarantee that a participant will not become infected with a communicable disease, including but not limited to COVID-19 or any variants of COVID-19 ("Viruses"). In completing and submitting this registration to participate, I on behalf of the applicant voluntarily assume the risk that I or my child may be exposed to or infected with a Virus by participation in camp activities and otherwise; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to a Virus at Camp Anokijig may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Camp Anokijig's employees, volunteers, and program participants and their families.

Parent/Guardian Signature: _____ Date: _____

PARTICIPATION WAIVER

ATTENTION: PARENT OR GUARDIAN SIGNATURE & DATE REQUIRED

I approve my camper's attendance at Camp Anokijig and certify that the applicant is both physically and mentally capable of such an experience. I understand that Camp Anokijig does not offer bilingual services. For the safety of my child, I understand that my child must be fluent in conversational English. I grant permission for the applicant to participate in any and all camp activities including but not limited to, activities in the water and other natural settings which may involve physical activity, and out-of-camp trips by motor vehicle.

I give permission to create digital or photo copies of all forms for trips out of camp. I understand that Friends of Camp Anokijig (FOCA) and Camp Anokijig do not cover camper health and medical expenses and I agree to pay any that may be incurred while or during the campers' attendance at camp.

I understand that while Camp Anokijig will take and use all reasonable caution to protect and insure the safety of all campers, there is a certain degree of danger inherent in certain camp activities that campers may engage in while at camp. I agree to waive any claims against, indemnify, and hold harmless FOCA, its officers, directors, agents, board members, and employees, Camp Anokijig, its directors, employees, members, staff and volunteers for injuries or damages that may result from: occurrences on the property of Camp Anokijig or during programs which take place off of the property of Camp Anokijig, as well as injuries or damages to the applicant resulting from the conduct of other persons including participants in the Camp Anokijig programs, FOCA, Camp Anokijig, its board members, directors, officers, agents, employees, staff, and volunteers.

I agree that I will not have my camper attend their scheduled session if they are experiencing symptoms of a communicable disease, including but not limited to COVID-19 or any variants of COVID-19, or have been exposed to others diagnosed with a communicable disease within the 10 days prior to arrival. Any child exhibiting symptoms of a communicable disease will not be allowed to remain at camp and shall be retrieved by a parent or legal guardian, or returned home at the expense of the parent or child's legal guardian.

I also give my permission for FOCA and Camp Anokijig to use photos, videos, voice recordings, and images taken of the applicant for purposes which the FOCA and Camp Anokijig may deem appropriate.

I understand that FOCA, its officers, directors, agents, board members, and employees, and Camp Anokijig, its directors, employees, members, staff, and volunteers are not responsible for any lost, damaged, or stolen articles that the applicant/camper brings to camp.

Parent/Guardian Signature: _____ Date: _____

Donation of Remaining Trading Post Account Balance

If you wish to donate the remaining balance of any Trading Post money to Camp Anokijig, you may sign below. You may choose to donate to either the Campership Fund or the Capital Improvements Fund. By signing in this box, you agree to not request a Trading Post balance refund at the end of the 2023 summer season.

Parent/Guardian Signature: _____ Date: _____

Campership Fund Donation

Camp Improvement Fund Donation

PLEASE HELP ANOKIJIG MAKE A DIFFERENCE IN A CHILD'S LIFE