



**Sept. 1<sup>st</sup> – May 31<sup>st</sup>**

- Administrative Office -

715 28th Street, South

La Crosse, Wisconsin 54601 USA

1-800-582-2267 FAX 1-608-787-8257

Internationally: 001-608-787-8304

**June 1<sup>st</sup> – August 31<sup>st</sup>**

- WeHaKee Camp for Girls -

N8104 Barker Lake Road

Winter, Wisconsin 54896 USA

1-800-582-2267 FAX 1-715-266-2267

Internationally: 001-715-266-3263

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## Acceptance & Release Form

Please complete, sign, and return this page to the WeHaKee Camp for Girls Administrative Office no later than May 1<sup>st</sup>.

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_ Camp Arrival Date: \_\_\_\_\_

### Parent/Guardian - Please initial each box acknowledging your informed release:

- I have read the *WeHaKee Camp Guide* and understand and agree to abide by all of the policies as they relate to my daughter's participation at WeHaKee Camp for Girls and in all camp programs. In addition, I have discussed the contents of this guide with my daughter and understand that it is my responsibility to ensure her understanding and willingness to abide by these policies.
- During her attendance at her session at WeHaKee Camp for Girls, my daughter, listed above, has my permission to engage in all camp activities unless specifically noted on the current WeHaKee Camp for Girls Health History form.
- I have reviewed and thoroughly completed the Health History Form for my daughter. As such, I hereby give permission to the WeHaKee Camp for Girls medical personnel to provide medical care in accordance with recommended camp treatment procedures, administer prescription and non-prescription medication, and order routine tests, X-rays and transportation as needed for my daughter. I attest that all of my child's immunizations are up to date in accordance with the American Academy of Pediatrics' most recent Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for this child. In the event that my child is hospitalized for an extended period (more than 1 night), I understand that I am responsible for making immediate arrangements to travel to her hospital location to provide supervision, personal support, transportation, etc. In addition, WeHaKee Camp for Girls has my permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.
- I agree to allow WeHaKee Camp for Girls to test my daughter for COVID-19 while attending camp for the purpose of monitoring the potential presence of the COVID-19 virus on camp.
- My daughter has my permission to leave the camp facility on camp-sponsored and camp-supervised activities, either by boat, canoe, bike, or by camp owned, leased, or contracted vehicle.
- I provide my consent for representatives of WeHaKee Camp for Girls to take and maintain images (photos, videos, etc.) of my daughter while a participant at WeHaKee Camp for Girls and WeHaKee Camp for Girls related events/activities, and that such images can be used for promotional purposes by WeHaKee Camp for Girls including but not limited to brochures, website, promotional videos, social media and other broadcast media as well as other WeHaKee Camp for Girls related media. I understand that images of campers used in WeHaKee Camp for Girls promotional materials will never be identified by full name. I also understand that WeHaKee Camp for Girls is not responsible for images of participants participating in WeHaKee activities, events, etc. that may be posted on social media or other broadcast means by others not authorized by WeHaKee Camp for Girls.



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## Acceptance & Release Form Cont.

- \_\_\_ I understand that my daughter may continue to contact or be contacted by other WeHaKee Camp for Girls campers and/or WeHaKee Camp for Girls staff via email, text messaging, social media, telephone, mail or other means after her session has concluded and she has departed camp. I understand that WeHaKee Camp for Girls is not responsible for the content or consequences of these communications including those communications with seasonal staff members who are no longer employed by WeHaKee Camp for Girls. I do understand that if I prefer not to have my child share email addresses, phone numbers, home addresses and other contact information with other campers or staff, it is my responsibility to inform my child not to share such information with others while attending WeHaKee Camp for Girls program or activities.
- \_\_\_ I understand that WeHaKee Camp for Girls policy prohibits my daughter from posting photos, video, logos, or other images of WeHaKee Camp for Girls or its participants on websites, social networking sites, or other broadcast electronic means.
- \_\_\_ I understand that WeHaKee Camp for Girls prohibits food items brought in by or being sent to campers. Due to increased concerns regarding food allergy and other dietary issues, WeHaKee personnel will confiscate snacks and other food items in order to maintain the health and well-being of all campers attending WeHaKee. Food items will not be returned to the camper or family.
- \_\_\_ I confirm that I am the parent/legal guardian of the child listed above and as such have legal custody of said child. I also confirm that all of the legally recognized custodial parents/guardians of the above listed child, have been notified that this child will be attending WeHaKee Camp for Girls and have provided their approval for this child to attend WeHaKee Camp for Girls. I release WeHaKee Camp for Girls from any form of liability as I have given permission for her to participate. I also understand that WeHaKee Camp for Girls, its staff and agents will not be held liable for any loss, including but not limited to injury or death.

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

I, (Camper name) \_\_\_\_\_ agree to be a positive and respectful member of the WeHaKee community throughout my session at WeHaKee Camp for Girls. In addition, I have discussed the *WeHaKee Camp Guide* with my parent/guardian and understand and accept what is expected of me as a member of the WeHaKee Camp for Girls community. I specifically understand what behaviors are acceptable and unacceptable at WeHaKee Camp for Girls as discussed in the *Expectations at Camp* section of the guide. Additionally, I agree not to post photos, video, logos, or other images of WeHaKee Camp for Girls or its participants on internet sites or other broadcast electronic means of any kind.

Signature of Camper: \_\_\_\_\_ Date: \_\_\_\_\_