



Sept. 1st – May 31st

- Administrative Office -
2318 6th Street, North
Sheboygan, Wisconsin, 53083 USA
1-800-582-2267
Internationally: 001-608-787-8304

June 1st – August 31st

- WeHaKee Camp for Girls -
N8104 Barker Lake Road
Winter, Wisconsin 54896 USA
1-800-582-2267
Internationally: 001-715-266-3263

Group Camp Adult Acceptance & Release Form

Please complete, sign, and return this page to the WeHaKee Camp for Girls Administrative Office no later than July 15th.

Attending: Family Camp Mother/Daughter Camp Attending with: _____

Participant Name: (first, middle, & last) _____

Female Male Birthdate: (month/day/year) _____ Age at Arrival at Camp: _____

Participant Information - Please print clearly

Participant Home Address: _____
Street City/State (Province)/Zip (Postal) Code Country

Preferred Phone: (1) _____ Preferred Phone: (2) _____

E-mail Address: _____

Please initial each box acknowledging your informed release & provide supplemental information as requested:

____ I have read the WeHaKee Group Camp Guide and understand and agree to abide by all of the policies as they relate to my participation at Camp WeHaKee and in all camp programs.

____ During my attendance at Camp WeHaKee:

- I have reviewed the camp program and activities and feel I can participate without restrictions
- I have reviewed the camp program and activities and feel I can participate with the following restrictions
(Please describe below. Attach a separate sheet if necessary):

____ My allergy status is as follows:

- I have no known allergies
- I have a food allergy (Please describe below. Attach a separate sheet if necessary):
- I have a medicine allergy (Please describe below. Attach a separate sheet if necessary):
- I have an environmental allergy (Such as insect stings, hay fever, etc. Please describe below. Attach a separate sheet if necessary):

____ My dietary and nutritional status is as follows:

- I consume a regular diet
- I consume a regular vegetarian diet
- I have the following special food needs (Please describe below. Attach a separate sheet if necessary):



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_____ My medical insurance status is as follows:

YES, I am covered by medical/hospital insurance

Insurance Company/Phone: _____ Policy Number: _____

Subscriber Name: _____ Subscriber Number: _____

NO, I am NOT covered by medical/hospital insurance

_____ I provide my consent for representatives of WeHaKee Camp for Girls to take and maintain images (photos, videos, etc.) of myself while a participant at Camp WeHaKee and Camp WeHaKee related events/activities, and that such images can be used for promotional purposes by Camp WeHaKee including but not limited to brochures, website, promotional videos, social media and other broadcast media as well as other Camp WeHaKee related media. I understand that images of myself used in Camp WeHaKee promotional materials will never be identified by full name. I also understand that Camp WeHaKee 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 related to or authorized by Camp WeHaKee.

_____ I understand that WeHaKee Camp policy prohibits me from posting photos, video, logos or other images of WeHaKee or its participants on websites, social media sites, or other broadcast electronic means.

_____ I am the participant listed above. I release Camp WeHaKee from any form of liability as I have given permission to participate. I also understand that Camp WeHaKee, its staff and agents will not be held liable for any loss, including but not limited to injury or death.

_____ I am currently vaccinated in accordance with the Centers for Disease Control and Prevention's most recent Recommended Adult Immunization Schedule for ages 19 years or older (including diphtheria, tetanus, pertussis, mumps, measles, rubella, COVID-19, PCV, Hepatitis B & A, Varicella/chicken pox, meningococcal meningitis).

YES

NO* *If NO, please contact our Administrative Office as soon as possible.*

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

I confirm that the health information I have provided is correct and accurately reflects the health status of myself, the participant to whom it pertains. I attest that all of my immunizations are up to date. I attest that I am able to participate in all camp activities except as noted by me above. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of this participant in emergency situations. If I cannot respond or 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 participant. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, Camp WeHaKee has my permission to obtain a copy of my health record from my health care providers and these providers may talk with the WeHaKee's staff about my health status.

Signature of Participant: _____ Date: _____