

## CQ GUEST & DAY ACTIVITY FORM

for Activity/Service Providers

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street OR P.O. Box

City

State

Zip

PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

NAME OF GROUP OR ORGANIZATION: \_\_\_\_\_

CAMP PROGRAM I PARTICIPATED WITH: \_\_\_\_\_

### THANK YOU FOR YOUR INTEREST IN CAMP QUALITY

**PLEASE NOTE:** If you have been exposed to MEASLES, CHICKENPOX OR SHINGLES during the TWO WEEKS prior to camp, please, discuss with your doctor the risk of infection of children. REMEMBER, THESE DANGEROUS INFECTIONS MAY BE TRANSMITTED TO CHILDREN AT CAMP. IF APPLICABLE PLEASE LIST YOUR HEALTH CONCERNS AND NAME AND PHONE NUMBER OF A PERSON TO CONTACT IN CASE OF AN EMERGENCY.

### CAMP QUALITY RULES

The following are of utmost importance. Read carefully and *initial* each one.

\_\_\_\_\_ I understand that I may not discuss alternative medicine with any child at camp.

\_\_\_\_\_ I understand and agree I will not bring tobacco, alcohol or illegal drugs to camp.

\_\_\_\_\_ I agree not to press any particular health food diet on any child at camp.

\_\_\_\_\_ Any and all equipment I bring to camp is ENTIRELY MY PERSONAL RESPONSIBILITY and if necessary, I WILL ENSURE ADEQUATE INSURANCE COVERAGE for the loss or breakage which may occur at camp.

\_\_\_\_\_ I understand that NO religious denomination may be promoted at camp.

\_\_\_\_\_ I understand that I may not videotape or photograph anyone without the express permission of the Camp Director.

\_\_\_\_\_ I understand that I may not bring any other guests to camp without specific permission from the Camp Director. Due to medical reasons, no visitor or volunteer under the age of 18 years may be on our campgrounds for any reason. Infectious childhood diseases such as measles and chicken pox may cause very serious health problems to our campers, since our children with cancer are our first concern.

I agree to indemnify and hold harmless Camp Quality including officers and volunteers on staff against any claim by reason of accident, sickness, or otherwise resulting from participation in the camp. I have given notification to the camp director of any health concerns. They are also written on the back of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If required, please enclose a copy of your Certificate of Insurance. List on reverse side Company Name, Policy Number, Coverage Dates.*