



PARENT AND CAMPER STATEMENT OF UNDERSTANDING OF CAMP SOZO POLICY

The following is Camp SoZo policy information for the safety and protection of each child.

Please read, sign, and return to Camp SoZo with your registration form.

I am aware that my child will have the opportunity to participate in camp activities which may involve a degree of risk, and I approve his/her participation in such activities. I understand that accidents can occur. Recognizing that the camp will do its best to ensure a safe and enjoyable camping experience, I hereby release Camp SoZo and its operator, Help Agency of the Forest, Inc., and all staff members and volunteers, from any and all responsibility and liability of any nature resulting from my child's participation in any camp activity.

I understand that my child will be photographed, and consent to the photographs being used for camp promotional purposes. Camp SoZo uses only campers' first names in photo captions and articles.

We (camper and parent) understand that all campers are expected to participate fully in camp activities. Swimming, canoeing, and other activities are a part of the Camp SoZo experience. Campers are expected to follow all camp rules such as cooperating with others, cleaning up after themselves, wearing shoes and life jackets when appropriate, and following staff directions.

We understand and support camp policies prohibiting campers from bringing weapons to camp, and from possessing or using tobacco products, alcoholic beverages or non-prescription drugs while at camp. We recognize that campers must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to themselves or others. Failure to follow these guidelines may result in a camper being sent home without a refund.

By signing this form, I agree that I have read and understand the camper rules listed below. I agree and acknowledge the camper rules and will adhere to each rule during my time at Camp SoZo.





CAMPER RULES

- Bring all towels and clothes with you when you leave shower house
- No boys and girls in shower building at the same time
- Stay out of undesignated areas
- When doing outside activities, use outside chapel bathrooms
- Clean up after yourself in buildings and outside
- Always use life jackets when in canoes (even those over 18)
- Adult supervision and permission is required for canoeing
- Return all life jackets and paddles, neatly, after swimming/canoeing
- Keep dorm areas clean-swept out each day
- DO NOT leave trash outside dorm buildings
- Please notify Camp SoZo staff immediately if any problem arises or objects are broken
- As stated in Camp SoZo Policy, use and possession of drugs, alcohol, or weapons of any kind is prohibited
- Good moral character required-NO cussing, fighting, or PDA
- No rough-housing in dorms or living areas
- If you use it, put it away
- Pick up your trash-over flowing trash cans are to be brought to the dining hall at breakfast
- Bathrooms are to be kept neat and clean with the materials provided.
- All camper gear/possessions must be stowed and living area neat, including bed made.





- Each camper is responsible for their own items. Camp SoZo will not be held liable for lost or stolen goods.
- Hang all wet towels and clothes outside to dry
- If kitchen or other buildings are used, clean your mess and put away all used items before leaving that area.
- Notify Camp staff immediately when site is in need of any materials (toilet paper, paper towels, soap, garbage bags)

Parent/Guardian Signature	Camper Signature		
Parent/Guardian PRINTED Name	Camper <u>PRINTED</u> Name		
Date	 Date		





CAMPER INFORMATION

Camper's Name:	M/F:	Birth date:	Age:
Address:		Phone:	
Parent(s) or Guardian:		Phone:	
Home Address:		Phone:	
Business Address:		Phone:	
Emergency Contact:	Rela	tion:	
Address:		Phone:	
Second Emergency Contact:	Rel	ation:	
Address:		Phone:	
HEALTH HISTORY FORM (to be compl	eted by Parent	or Guardian)	
Name of Camper's Physician:		Phone:	
Is the Camper covered by medical/hospital	l insurance plai	n? YES NO _	
If so, Indicate: Provider			
Policy or Group #:	I.D. # _		
Does the camper have any chronic illness	-		
(Please describe)			
Is the camper taking any medications? (Ple			
Does the camper have any allergies to me	dications, food	s, poison ivy, bee	stings, or hay fever?
List any allergies or other current health pro	oblems. Include	e physical, mental	, or emotional problems.
Provide any information concerning this ch	ild's health, ha	bits, or welfare of	which the camp staff should





be aware of:		
THIS HEALTH HISTORY IS CORRECT TO TH	HE BEST OF MY KNOWLEDGE, AND MY CHILD	
HAS PERMISSION TO ENGAGE IN ALL PRE	SCRIBED CAMP ACTIVITIES EXCEPT AS NOTED.	
AUTHORIZATION FOR TREATMENT: I HERE	BY GIVE PERMISSION TO THE MEDICAL	
PERSONNEL SELECTED BY THE CAMP DIR	RECTOR OF CAMP SOZO TO ORDER X-RAYS,	
ROUTINE TESTS, TREATMENT, AND NECES	SSARY TRANSPORTATION FOR ME AND/OR MY	
CHILD. IN THE EVENT I CANNOT BE REACH	HED IN AN EMERGENCY, I HEREBY GIVE	
PERMISSION TO THE PHYSICIAN SELECTED BY THE CAMP DIRECTOR TO SECURE AND		
ADMINISTER ALL NECESSARY TREATMENT	T, INCLUDING HOSPITALIZATION, FOR MY	
CHILD NAMED ABOVE.		
Parent/Guardian Signature	Date	





PACK LIST (THIS IS YOUR PACK LIST PAPER TO KEEP)

- Bedding (including pillow and sleeping bag or sheet & blanket)
- Hygiene items for showering
- Swimming clothes (including shorts and shirts, these will need to go over girls bathing suits)
- Tennis shoes
- Clothes to get dirty (as they will be playing lots of outside games)
- 2 towels (1 for swimming, 1 for showering)

^{*}Please no electronics at camp

^{**}Please label your child's items so they do not get lost (including towels and bedding). We are not responsible for lost or stolen items.