



W I N D E R M E R E

Included in this packet are the hardcopy registration materials for Summer 2020. Registration is not complete without payment & signed agreement. Children will not be considered registered if all forms are not complete.

A. *Deposit - **\$25 (non-refundable) per person if registering **prior to July 6 2020.**

*** *The full amount is due by July 15, 2020.***

*** *Registrations for which no payment is made will be marked as “pending” which means the space is unregistered and unrecognized.***

B. Signed Online Policy Agreement

Note the following:

The standard policy is **one** adult to **seven** campers of the same gender. Our rustic cabins sleep 8-10. The best possible scenario is **two** adults in a cabin. This may require church groups sharing cabins in order to meet the two adults to a cabin guideline.

All leaders must stay with their group throughout the week of camp. Children should never be left alone in cabins or sent on to the next event or left behind without an adult with them.

It is the group leader's responsibility to monitor the group registrations to know if group members are registered with all forms completed. **The completed forms for each camper will be required to be emailed before camp arrival with hard copies being turned in upon your arrival.** We recommend you make copies for yourself to keep with you. Windermere will keep the originals.

Do not bring campers who are not registered in the hope that space will become available in your cabin. Each cabin is set up for the best possible use of space. Windermere is a retreat center and has many spaces being utilized by other groups which makes it difficult to move around to different facilities.

Before July 6 a \$25 deposit per person is due at the time of registration. Spaces must be paid in full upon registration **on and after** this date. Registration will not be processed either online or in our offices if the required payments are not made.

The full cost of camp is \$149 before July 6. July 6 and later the cost is \$189 per person for campers and leaders.

No refunds will be given after July 15, 2020.

Multiple checks or checks from multiple sources cannot be accepted all at one time. Parents should make payment to your organization/church so that one payment may be made to Windermere.

Regardless of when you register, the final payment is due no later than **July 15, 2020.**

INSURANCE

The safety and well-being of your campers is our number one priority. We are **requiring** that all campers and leaders who attend Windermere have adequate medical coverage. Please see the group leader handbook for more information on insurance.

The group/ministry is liable for every group member in attendance to camp. **It is the group leader's responsibility to make sure that each group member is covered by insurance.**

LICE AND HEALTH SERVICES POLICIES

Each group member is to be checked for lice and treated prior to departing for camp.

It is required that group members who have lice, a fever or appear to be ill remain behind and/or are replaced. The group is responsible to take check and handle this before leaving the church.

Upon your arrival to camp, our Health Center Staff will check your group members for lice and health concerns. Those who have lice, fevers or other health concerns will not be allowed to enter camp until the matter is resolved.

MISCELLANEOUS

Windermere does not have a specialized menu for those with special diets and is not equipped to handle food allergies. Children with food allergies may bring their own food and have it kept in a special location in our dining hall. **WE DO NOT ALLOW FOOD IN OUR CABINS.** Windermere wildlife love snack food.

Windermere is not responsible for items lost, stolen or damaged during your session [including medical equipment such as nebulizers]. **Do not bring or send valuable belongings to camp.** Lost luggage, medications and money are the group's responsibility. (Please refer to our handbook and Things to Bring/Packing Lists and follow the instructions closely). **NO CELL PHONES FOR KIDS.**

Windermere is grateful for your partnership with us to provide a safe and healthy environment this summer. Summer Camp for kids can happen if we all work together – Windermere, parents, and the church. **This completed form is required for check-in and should be completed prior to child's arrival.**

Camper Full Name: _____ **Date of Birth:** _____

Prior to your child's arrival at Windermere, please complete one of the self-quarantine options below PLUS the 7-day temperature check.

Choose One of the Following:

OPTION 1: 14-DAY SELF-QUARANTINE:

Immediately before your child's arrival at camp, we ask that campers complete 14 days of self-quarantine to reduce their risk of exposure to COVID-19. By self-quarantine, we mean limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

My Child has completed a 14-day self-quarantine. Initial *Here* _____

OR

OPTION 2: BOTH of THE FOLLOWING

COVID-19 MOLECULAR TEST

AND.

7-DAY SELF QUARANTINE

No sooner than one week prior to your child's arrival at camp, a molecular COVID-19 test may be completed and coupled with a shorter self-quarantine. Results indicating a negative test result **must** be attached to this form.

Prior to your child's arrival, complete 7 days of self-quarantine to reduce their risk of exposure to COVID-19. By self-quarantine, we mean limiting exposure to non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

My Child has completed both requirements

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DAILY TEMPERATURE CHECK

As part of your partnership with us, for seven days prior to your child's arrival at camp, campers **must** record their temperature. For your convenience, we've provided spaces below, and recommend you check and record your child's temperature at the same time each day.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7

My child has been fever-free for the past seven days. *Initial Here.* _____

SYMPTOMS IN THE LAST TWO WEEKS — Check any that apply to your child:

- | | |
|---|---|
| <input type="checkbox"/> FEVER (above 100.4o F) | <input type="checkbox"/> COUGH |
| <input type="checkbox"/> SHORTNESS OF BREATH & BODY ACHES | <input type="checkbox"/> CHANGE IN TASTE OR SMELL |
| <input type="checkbox"/> CHANGE IN APPETITE | <input type="checkbox"/> GENERALLY NOT FEELING WELL |

If any above apply to your child, please consult a doctor before coming.

MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS. *Initial Here.* _____

PRE-EXISTING ILLNESSES ---- Check any that apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> CARDIOVASCULAR DISEASE & DIABETES | <input type="checkbox"/> IMMUNOCOMPROMISED |
| <input type="checkbox"/> RESPIRATORY DISEASE <i>including</i> ASTHMA | |

Individuals with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my child's pre-existing illness increases the implied risk of COVID-19.

I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES *Initial Here.* _____

CONTACT HISTORY — Check any that apply to your child:

- The individual has been diagnosed with COVID-19.
- The individual has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.

_____ The individual has a household member currently on a watch list for COVID-19 exposure.
If any above apply to your child, we will be happy to welcome them in 2021.

I VERIFY THAT I HAVE ANSWERED THIS QUESTION TRUTHFULLY. Initial Here _____

Health and safety are our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage health and safety so that you can make an informed choice. We are focused on taking all reasonable measures to prevent the spread of COVID-19. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points, dining hall areas, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic guests by introducing this pre-arrival health screener, daily temperature checks, and protocols to isolate, confirm, respond, and remove any guest or staff with suspected COVID-19.

This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we follow the guidance provided by the CDC and local health departments, in our efforts to help keep our guests, staff, and families safe.

I consent to the above disclosure for Summer 2020. Initial Here _____

PARENT SIGNATURE: _____ **DATE:** _____

Group Name _____	Group Leader _____	Cell # _____
Camper Name _____	Gender M F First Last (circle one)	
Age at camp _____	Birth date _____ month/day/year	
Address _____		Street Apt. # City State Zip Code _____

Emergency Contact: (A minimum of 2 contacts are required)		
<input type="checkbox"/> Mother/Guardian _____	Home/Cell Phone () _____	Work () _____
<input type="checkbox"/> Father/Guardian _____	Home/Cell Phone () _____	Work () _____

camper Name _____ **Gender M F** Age at Kamp _____ Birth date _____

Medical History –

Additional Info: Mark "X" Yes if statement applies to this individual **DIABETES** Insulin
MUST be controlled and regulated by camper and group leader.

List any allergies or medical concerns : _____

Camper's Primary Physician's Name _____ Phone () _____

ALL medication, medical equipment and supplies must be labeled with Campers name and be in the original container (this includes over-the-counter and prescribed medications).

***SCHEDULED MEDICATIONS**

List each medication and frequency. All prescriptions must be in the original pharmacy container with child's name and current prescription. ONLY send enough medication for the duration of camp. Pack each child's medication separately from the other group members. Sign and place this form in a zip lock bag with the medication and give to the group leader.

Time of Day

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

****We require that all campers who attend Windermere have adequate medical coverage. Please complete the information below.**

Insurance Company Name _____ Phone () _____

Insurance Type: Group/Ministry Individual Medicaid (requires SSN: _____) Ins. Policy # _____ Co-Pay \$ _____

If the camper is covered under the ministry's group insurance, the Group Leader must supply a copy of the group insurance coverage "Plan of Service" prior to arrival.

Camper Name _____ Gender **M F** Age at Kamp _____ Birth date _____

Parent/Guardian Release, Waiver and Authorization

In exchange for my child being allowed to participate in the Windermere Program, we, the parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) of the child identified on this Application agree to be bound by each of the following:

1. I understand and confirm that our child's participation in the Program is voluntary.
2. I understand that all camping and recreational programs carry with them significant risks. Although the Program has taken reasonable and prudent steps to reduce foreseeable risks, they still exist.
3. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my child's participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage to persons or property in any way connected with my child's participation in the Program.
4. I and all respective heirs, agree to and do hereby release, indemnify and hold harmless Windermere, and its respective officers, directors, associates, employees and agents from and against any and all liability, claims, damages, demands, causes of action and judgments, including but not limited to those relating to personal injury and damage to or loss of property that arise from or relate to the individual's use of Windermere's facilities and participation in activities and events at Windermere's on-site facilities. This release and hold harmless applies to losses based on tort, privacy interests, and otherwise whether now known or that may arise in the future.
5. I understand that photographs and video footage taken of my child as a result of participation in the Program may be used in Windermere materials, publications and/or posted to the internet. By signature below, I waive any right that I or my child may have to inspect or to approve the materials that Windermere may choose to publish.
6. I recognize the religious nature of WINDERMERE and agree that WINDERMERE has the right to dismiss my child for any conduct that stands in contradiction to WINDERMERE's stated beliefs, policies, and mission. I understand that such conduct would impede and burden the integrity and religious mission of WINDERMERE as well as interfere with the religious experience of other Campers and staff. I submit to the designated authority of WINDERMERE to resolve any disputes relating to Camper policies and practices. I understand that, should my child be dismissed, no tuition refund will be made and that I will be liable for any expenses incurred by myself or by WINDERMERE related to such dismissal (i.e. transportation, lodging, etc.).
7. Because the WINDERMERE Program is conducted primarily in the State of Missouri and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the laws of the State of Missouri. All actions shall be brought and maintained in the courts located in Camden County, Missouri, and I hereby waive all objections to jurisdiction and venue therein.
8. I hereby authorize WINDERMERE, in the event of an incident requiring emergency medical attention, to seek medical attention on my child's behalf using the services selected by the WINDERMERE to transport, hospitalize, secure proper treatment for, and/or to order injection and/or anesthesia and/or surgery as required. I also authorize WINDERMERE's health staff to administer prescribed medications, to evaluate and treat my child as deemed medically necessary.
9. I agree to send any and all required, prescribed medications such as insulin, inhalers, epi-pens etc. for my child **in their original containers**, and in quantities to cover the entire camp stay. All medical supplies and equipment will be labeled with the Camper's name.
10. I understand that the Director reserves the right to dismiss my child, at the group's expense, if my child's influences and conduct become in any way detrimental to the best interests of my child or other members/attendees of WINDERMERE.
11. The information I have provided on this application is true and complete to the best of my knowledge. Any falsification, misrepresentation or omission of any fact in my child's health form or other materials, can be justification for refusal of Camper services, or termination from Camper services for WINDERMERE.

THIS IS A RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I HAVE READ THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND MY CHILD'S RIGHTS BY SIGNING IT. I AM SIGNING THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT VOLUNTARILY.

This signature represents the responsible party and person ultimately responsible for payment of this registration and who is the legal guardian of any minors registered under this account. I have read, understand and agree to the contents of this application including the Eligibility Restrictions.

I have fully read, understand and agree to the conditions stated herein:

Parent or Guardian Signature _____
Print Name _____ Date _____

Other Camper Considerations

Anyone who has any of the following CANNOT attend WINDERMERE:

Special Health and Attendance Notes

*Participants must be in general good health and able to participate in the required walking and athletic activities typical of our camp.

*Windermere will do its best to accommodate food allergies. Special dietary needs and/or food preference must be supplied by the camper.

*Regulated diabetics MUST be cleared through the Health Services Director BEFORE attending. This is very important to ensure that proper medications and medical history information is provided to the summer camp nurses.

*Inhalers are primarily kept by the campers and/or their church chaperone.

*All medication, medical equipment & supplies must be labeled with camper's name and dosing information. ALL MEDICATION MUST BE IN THE ORIGINAL MEDICATION CONTAINER. Medication in a baggie or other container will NOT be allowed. Medications will be distributed by the church chaperone.

If a condition is not listed, it does not mean that it is permitted. If you question eligibility, please contact Windermere at 573-346-5200 ext. 106.

2020 Camper Enrollment Form For Group Leader To Complete

Please feel free to make copies of this form for future use. This form is due by July 15, 2020.

All additions or cancelations or space exchanges must be in writing. This form is provided for your registration numbers and **is required to be COMPLETED IN ITS ENTIRETY** to ensure that your numbers are correct.

Additions and cancelations must be in by July 15, 2020, so we can ensure cabin placement. ALL additions/cancelations must be in writing and communicated with Windermere. Individual camper registration forms must match the names listed on this form.

Church Group/Family Name _____

Church Group/Family Leader _____

Boys Enrolled First & Last Names

Girls Enrolled First & Last Names

Camper totals

Requested Grand Total Boys _____ Requested Grand Total Girls _____
Requested Male Leaders _____ Requested Female Leaders _____

Male Leaders

Background Check Submitted

v

Registration Forms Completed

v

Female Leaders

All Leaders Must Have a Background Check Supplied to Windermere by the Church/Group. Please include a copy of the background check. Leaders must also complete enrollment forms included in the registration packet.