

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 14 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 (other group signatures can be put on the back of this form)

Date

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

Tuesday, June 7	Wednesday, June 8	Thursday, June 9	Friday, June 10	Saturday, June 11
X	<input type="checkbox"/> 8:00-11:00 AM	<input type="checkbox"/> 8:00-11:00 AM	<input type="checkbox"/> 8:00-11:00 AM	<input type="checkbox"/> 8:00-11:00 AM
<input type="checkbox"/> Noon-4:00 PM	<input type="checkbox"/> 1:00-4:00 PM	<input type="checkbox"/> 1:00-4:00 PM	<input type="checkbox"/> 1:00-4:00 PM	<input type="checkbox"/> 1:00-4:00 PM
<input type="checkbox"/> 4:00-8:00 PM	<input type="checkbox"/> 4:00-8:00 PM	<input type="checkbox"/> 4:00-8:00 PM	<input type="checkbox"/> 4:00-8:00 PM	<input type="checkbox"/> 4:00-8:00 PM

✓ **Please check the times you are available to volunteer:**

Return by Saturday, May 7, 2011 to:
Carolyn Robison
10 East Ridge Drive
Council Bluffs, IA 51503
saphiangl@aol.com