

WELLSPRING SUMMER DAY CAMP 2024

1316 Broadway, Fort Wayne, IN 46802

Child's Last Name _____ Child's First Name _____

Birth Date (MM/DD/YYYY) _____ Age _____

Check One: Female _____ Male _____ Other _____

Address _____

City _____ Zip _____

Primary Phone Number _____

Work Phone _____ Name of Business _____

Email Address _____

School Attended in 2023-24/Current school year: _____

Grade Level (2023-24/Current school year) _____ (The grade your child will complete this school year.)

Parent/Guardian _____ Day Phone _____

Parent/Guardian _____ Day Phone _____

Emergency Contacts (persons other than parents or guardians)

Name _____ Phone _____

Name _____ Phone _____

Daycare Provider _____ Phone _____

HEALTH INFORMATION

Medical Conditions/Medications (List All Medications)/Allergies/Special Needs:

Takes Medication: Home only at Camp*

*Wellspring employees will not administer any medications. Your child is responsible for his/her own medications.

TRANSPORTATION

Please choose **either** "Picked up from Site" or one of the Bus Stops listed below.

Picked up from Site:

Picked up from Site by Parent or Guardian ____ Picked up from Site by Daycare Provider ____

Picked up from Bus Stops:

Bethlehem Lutheran (Euclid Ave.) _____

Bloomington Elementary (Third St.) _____

Please indicate how your child will be getting home from the bus stop:

Car Rider _____ Walking Alone _____ Daycare Provider _____

Walking with Parent, Guardian, or Emergency Contact _____

Children may only be picked up from the sites or bus stops by the Parents, Guardians, Daycare Providers, or Emergency Contacts listed above.

Form is continued on the back.

The Following Information is for Statistical Purposes Only.

Child Lives With (check one): Father & Mother____ Father____ Mother____
Parent and Stepparent____ Foster Parent____ Grandparent____
Other Relative (please specify) _____ Other (please specify) _____

Ethnic/Racial Background (check one): White____ Black/African American____ Asian____
American Indian/Alaskan Native____ Native Hawaiian/Other Pacific Islander____
American Indian/Alaskan Native & White____ Asian & White____ Black/African American & White____
American Indian/Alaskan Native & Black/African American____ Other Multi-Racial____

Hispanic Ethnicity? YES NO

How many years has your child participated in the Wellspring Summer Day Camp (circle one)?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Family Size/Total Number of Persons Living in the Household including the child _____

Circle your income level under the number of persons in your household

2	3	4	5	6	7	8+
0- 20,100	0- 22,600	0- 25,100	0- 27,150	0- 29,150	0- 31,150	0- 33,150
20,101- 33,500	22,601- 37,700	25,101- 41,850	27,151- 45,200	29,151- 48,550	31,151- 51,900	33,151- 55,250
33,501- 53,600	37,701- 60,300	41,851- 66,950	45,201- 72,350	48,551- 77,700	51,901- 83,050	55,251- 88,400
53,601 +	60,301 +	66,951 +	72,351 +	77,701 +	83,051 +	88,401 +

RELEASE AND INDEMNITY AGREEMENT/ACKNOWLEDGEMENT OF RISK

I hereby acknowledge and agree that participating in activities at the Wellspring Interfaith Social Services Summer Day Camp (hereinafter referred to as WISS SDC) has inherent risks. I have full knowledge of the nature and extent of all the risks associated with SDC activities, including but not limited to:

1. All manner of injuries that may result from playing in organized games.
2. Recreational activities that involve running, jumping, throwing, or kicking of balls or playing on playground equipment may result in injuries.
3. I am aware of the contagious nature of bacterial and viral diseases including the 2019 novel coronavirus disease ("COVID-19") and the risk that I [or the Participants, Minor etc.], who participate in WISS SDC may be exposed to or contract the COVID-19 or other infectious diseases by being on the WISS premises, Salvation Army premises, Plymouth Congregational Church premises, Trinity Episcopal premises, on FWCS buses and/or engaging in the Activities of the SDC. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability, death, or property damage. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including WISS employees. I understand that while WISS has implemented preventative measures to reduce the spread of COVID-19, WISS cannot guarantee that I [or the Participants, Minor, etc.] will not become infected with COVID-19 while on premises of the organizations listed above or FWCS buses and that being on any of these premises or buses may increase my risk of contracting COVID-19
NOTWITHSTANDING THE RISKS ASSOCIATED WITH THE DISEASE, I ACKNOWLEDGE THAT I AM VOLUNTARILY ENTERING THE PREMISES [AND AM VOLUNTARILY CONSENTING TO THE PARTICIPANT'S, MINOR'S ETC. ENTERING THE PREMISES] TO ENGAGE IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, DEATH, OR PROPERTY DAMAGE RELATED TO THE DISEASE, ARISING FROM MY [AND THE PARTICIPANT, MINOR, ETC.] BEING ON THESE PREMISES OR ENGAGING IN THE ACTIVITY, WHETHER CAUSED BY THE NEGLIGENCE OF WISS OR OTHERWISE.

4. I further acknowledge that the above list is not inclusive of all possible risks.

5. CONSENT TO TREAT MINOR In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by WISS employees, when neither of the parents or guardians can be contacted, I hereby give my consent for emergency medical treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of Indiana. I further understand that I shall be solely responsible for all costs associated with the emergency medical treatment provided.

6. AGREEMENT/ACKNOWLEDGEMENT OF THE WELLSRING SUMMER DAY CAMP PROGRAM POLICIES I hereby acknowledge and agree that I have read the attached policies for the Wellspring Summer Day Camp.

Photography/ Video Waiver: I permit Wellspring Interfaith Social Services and its affiliated organizations to use and publish photographs and/or video of me and/or my children for purposes of promoting the Wellspring Summer Day Camp.

By signing below, I understand that I am agreeing to "Release and Indemnity Agreement/Acknowledgement of Risk" (#'s 1-3), giving consent to treat my child in case of emergency (#5), agreeing to/acknowledgment of the WISS SDC Policies and Goals (#6) and to the Photography/Video Waiver.

Parent/Guardian Signature _____ **Date** _____