



Camp Ondessonk
 3760 Ondessonk Road
 Ozark, IL 62972
 Phone: 618-695-2489 • Fax: 618-695-3593



2010 Fourth of July Family Camp Registration

June 30 – July 3, 2010

Family rate: \$320 for 1st 3 family members, \$75 each additional

Children < 5 are free, Ages 5-8: \$75, Ages 9+: \$115

Family Name: _____ Total Number Attending: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Emergency #: _____

E-mail: _____

<u>Name</u>	<u>Birthdate</u>	<u>Gender</u>	<u>Fee</u>
1 Parent Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
2 Parent Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
3 Child Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
4 Child Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
5 Child Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
6 Child Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
7 Child Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____
8 Child Name: _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	\$ _____

Visa MC Discover Exp. / Check / Money Order Enclosed Additional gift: \$ _____

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Cardholder Signature: _____

Calculate & Submit Fees: \$ _____

Select a unit: each family will stay in their own cabin up to 8 beds.
Housing requests are not guaranteed. Please list more than one unit.

- | | |
|--|---|
| <input type="checkbox"/> Amantacha | <input type="checkbox"/> Chabanel: Cave |
| <input type="checkbox"/> Brebeuf | <input type="checkbox"/> Garnier |
| <input type="checkbox"/> Tekakwitha: Lodge | <input type="checkbox"/> Goupil |
| <input type="checkbox"/> Raganeau | <input type="checkbox"/> Lalande |
| <input type="checkbox"/> Daniel | <input type="checkbox"/> Lalemant |



Office use only: Date: _____ Group: _____ Unit: _____

CAMP ONDESSONK RELEASE & WAIVER OF LIABILITY AGREEMENT

THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, hereby release to Camp Ondessonk and/or the American Camp Association the rights of my child's photograph, image, likeness and/or voice as recorded on video tape or film for the purpose of promotion, videos, yearbooks, website or publications. THE UNDERSIGNED hereby releases any and all claims against Camp Ondessonk, Catholic Diocese of Belleville, its representatives, or officers arising in connection with the usage of THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, photo, likeness and/or voice. The undersigned acknowledges that this release is formal and final and understands that Camp Ondessonk, Catholic Diocese of Belleville, may proceed in reliance thereon. The undersigned in this release desires to assist in the work of Camp Ondessonk, Catholic Diocese of Belleville, by making the undersigned or such children's image likeness or voice available.

In order for campers to participate in horseback riding programs at Camp Ondessonk, a parent or guardian is required to complete and sign this release. Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risk of engaging in and the legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities. For value received, the receipt of which is hereby acknowledge, THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, hereby release, indemnify and hold harmless, Camp Ondessonk, Diocese of Belleville, Department of Outdoor Ministry and their employees, clergy, volunteers, officers, board members and/or agents from and against any and all claims, losses, suits, damages, or costs (including attorney fees) arising out of, resulting from or relating to THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN'S participation in equine activities, including but not limited to horseback riding in or around the premises operated by Camp Ondessonk. The undersigned acknowledges and understands that participation in equine activities involve inherent risks, including but not limited to (1) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (2) the inability to predict an equine's reaction to sound, movement, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions. Notwithstanding this knowledge and awareness, the undersigned assumes all risks of myself or on behalf of such child/ward's participation in equine activities and legal responsibility for injury, loss, or damage to person or property resulting from the risk of such activities.

THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, understands that participation in climbing activities will involve periods of physical exertion, balancing, heights (up to 80 feet), lifting, pushing, pulling and climbing. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, know most activities will be outdoors where the undersigned or such children will need to watch for slippery and/or uneven footing, limbs and branches, insects or animals and possible exposure to extreme or inclement weather. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN acknowledge that the undersigned or such children must be at least 10 years of age to participate in the challenge course program. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, fully understand that this physical activity involves risk of injury. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, understand the risks may include loss or damage to personal property. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, understand that force will not be used to do any activity and that despite all reasonable precaution taken, a guarantee of absolute safety is impossible. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, agree to exercise good personal judgment and to ask for help if the undersigned or such children is concerned about personal safety and to be responsible for deciding if a proposed activity is appropriate for the undersigned or such children. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, agree to inform the instructors of any physical, mental or medical condition that might affect his/her ability to participate or affect other members of my group. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, also realizes that failure to tell that information could result in serious harm to him/her or others. I, THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, also state that I or my child is not under and will not be under the influence of any chemical substance including alcohol. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, agree to comply with safety instructions given and to be responsible for my/ his/her own personal safety and well being. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, agree to hold Camp Ondessonk, its Directors, Officers, Employees, Agents and/or Associates harmless for any accidents, injury, loss of or damage to property that may occur. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, understand that all possible precautions are taken to insure that all programs and activities sponsored by Camp Ondessonk are conducted by mature and qualified personnel in a safe and responsible manner. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, understand that Camp Ondessonk, in the challenge course program, will provide a minimum staff/participant ratio of 1:14. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, voluntarily assume the risks of the activities and the undersigned or such children agree to report any injuries before leaving the premises. In the event of an emergency, THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, give permission to Camp Ondessonk to secure proper medical treatment. The undersigned understands that any medical expense not covered by Camp Ondessonk medical insurance will be billed directly to me or to my insurance company. THE UNDERSIGNED has read and understand all materials outlining the Challenge Course, including this waiver and agrees to abide by these terms. THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, is aware this is a waiver and a release of liability and signs it voluntarily.

I, THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, further acknowledge that (1) I am the parent/guardian of the minor child/ward identified; (2) I have read this release in its entirety; (3) I fully understand and accept its terms; (4) I have executed this release voluntarily; (5) I understand the balance is due four weeks prior to the date of arrival, should the camp need to litigate in cases involving any unpaid fees I will be responsible for the camp's legal expenses including any NSF fees.

I, THE UNDERSIGNED, ON HIS OR HER BEHALF & BEHALF OF SUCH CHILDREN, hereby approve this application to attend Camp Ondessonk and, in consideration of the benefits to be derived, expressly waive any and all claims against the Catholic Diocese of Belleville, Camp Ondessonk, the Department of Outdoor Ministry, or its representatives on account of accident or sickness that may be incurred to ANY mentioned person or his or her property in connection with an incident during this camp's activities.

I HAVE READ THIS RELEASE:

Date _____

Signature of Applicant / Parent

Printed Name

Name(s) of Child(ren) in Program

Name(s) of Child(ren) in Program

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Family Camp June 30 – July 3, 2010
 Complete one form per family member attending Family Camp

PERSONAL MEDICAL HISTORY

IMPORTANT – Please be thorough in providing the information requested. Failure to disclose information could result in serious harm to you as a participant in the program(s).

If You Circle YES To Any Question Below, Describe Details On The Back Side Of The Form.

Attach an additional sheet, if necessary.

DESCRIPTION

1. Date of last tetanus shot _____.		
2. Which of the following has the participant had: ___Measles ___Chicken Pox ___German measles ___Mumps Hepatitis___A,___B,___C TB Mantoux Test: Date of last test _____ Result:___Negative___Positive Date of Vaccine:_____DTP _____TD(tetanus/diphtheria) _____Polio _____MMR _____Haemophilus influenza B _____Hepatitis B _____Varicella (chicken pox)		
3. Do you have any present medical problems, mental, psychological or physical limitations?	Y	N
4. Are you taking any prescription or non-prescription medication? (List all and reasons for taking)	Y	N
5. Have you had any surgeries or been hospitalized for any reason?	Y	N
6. Are you allergic to any insect bites, medications or foods? (List all)	Y	N
Do you carry an epi-pen?	Y	N
7. Have you ever had a head injury or been knocked unconscious?	Y	N
8. Do you smoke? If so, how much?	Y	N
9. Do you have impairments of vision or hearing?	Y	N
10. Wear glasses, contacts or protective eye wear?	Y	N
11. Have you ever been diagnosed or currently under treatment for high blood pressure?	Y	N
12. Had mononucleosis in the past 12 months?	Y	N
13. Do you have heart murmurs, episodes of irregular heartbeat, shortness of breath, chest pain on exertion?	Y	N
14. Have you ever been diagnosed as being at risk for heart disease or is there any history of heart disease in your family?	Y	N
15. Have problems with sleepwalking?	Y	N
16. Are you engaged in a regular program of exercise? (Explain any restrictions to activity)	Y	N
17. Do you have asthma?	Y	N
If so, do you carry an inhaler?	Y	N
18. Do you have diabetes, thyroid trouble or other endocrine problems?	Y	N
19. Have you had or do you have ulcers, heartburn or other intestinal disorders? (Describe)	Y	N
20. Have you ever had seizures? (Describe)	Y	N
21. Do you have problems with your neck, back, arms, shoulders, ankles or knees that limit you? (Describe symptoms and limitations)	Y	N

Printed Full Name: _____ My Birth Date is: (mo/day/yr) _____