



DAINAVA

15100 AUSTIN RD., MANCHESTER, MICH 48158

REF. PROCEDURE: Rule 117.2, 117.3, 127.1

CAMPER REGISTRATION AND CONSENT FORM

This form **MUST** be signed by each individual camper participating in any camping activity at Camp Dainava or, if the camper is under the age of 18, by that camper's parent or legal guardian.

Camper's Name - Last	First	Middle	Sex	Date of Birth
Address (Number and Street)	City	State	Zip	Telephone (Home)
Parent/Guardian's Name - Last (required if camper < 18)	First	Middle		Telephone (Home)
Address (Number and Street)	City	State	Zip	Telephone (Work)
Camper E-mail Address	Parent/Guardian E-mail Address (required if camper < 18)			
Medical Insurance Co.				Date of Arrival
Policy Holder's Name and Policy Group No.				Date of Departure
Persons other than parent/guardian to be notified in an emergency situation:				
Name:	Telephone Number:	Relationship:		
Name:	Telephone Number:	Relationship:		
Names of persons other than parent/guardian to whom camper may be released (if applicable):	Camper's special needs, limitations, and required adaptations:			
Name:				
Name:				
<p>I understand that all camping and recreational programs carry with them significant risks. In exchange for my child's (including a child for whom I am a legal guardian), or for my participation in the programs provided at Camp Dainava, I agree to be bound by the following:</p> <ol style="list-style-type: none">1. I understand and confirm that my child's or my participation in the camp activities is voluntary.2. I understand, agree, and acknowledge that Camp Dainava, and any sponsoring organization and/or their respective directors, officers, employees or volunteers cannot assume any responsibility for any injury, damage, or harm that may result during the course of any activity on Camp Dainava property, during camp activities off-site, or traveling to or from such activity and shall not be liable for any claim or lawsuit arising out of any such injury, damage, or harm. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my child's or my participation in the program at Camp Dainava. I accept personal responsibility for any liability, injury, loss, or damage in any way connected to the participation of my child or my participation in the program at Camp Dainava. Should any claim be asserted by any person as the result of the acts of my child or my acts while participating in any activity at Camp Dainava, during camp activities off-site, or traveling to or from such activity or should my child or I assert any claim or lawsuit against Camp Dainava or any sponsoring organization and/or their respective directors, officers, employees or volunteers, I agree to indemnify and hold any sponsoring organization, Camp Dainava and their respective directors, officers, employees and volunteers harmless from any such claim or lawsuit, including attorney's fees and costs incurred in defense thereof.3. In the event of illness or injury sustained while my child or I are participating in activities at Camp Dainava, I authorize Camp Dainava to provide routine medical treatment.4. In the event of an emergency, I give my permission for Camp Dainava and any sponsoring organization to secure proper medical treatment for my child or myself.5. I give my permission for my child or myself to be photographed or videotaped and allow Camp Dainava and/or the sponsoring organization to use said pictures and videos for publicity purposes.				
Signature of camper or, if camper is under 18, of parent(s) or legal guardian				
Signature:		Date:		
Signature:		Date:		