



Sept. 1st – May 31st

- Administrative Office -
2318 6th Street, North
Sheboygan, Wisconsin 53083 USA
608-787-8304
Internationally: 001-608-787-8304

June 1st – August 31st

- WeHaKee Camp for Girls -
N8104 Barker Lake Road
Winter, Wisconsin 54896 USA
608-787-8304
Internationally: 001-608-787-8304

Group Camp Minor Acceptance & Release Form

Please complete, sign, and return this page to the WeHaKee Camp for Girls Administrative Office no later than July 15th.

Attending: Family Camp Mother/Daughter Camp Attending With: _____

Participant Legal Name: (First, Middle, & Last) _____

Sex Assigned At Birth: Female Male Birthdate: (Month/Day/Year) _____ Age At Arrival At Camp: _____

Participant Information - Please print clearly

Participant Home Address: _____
Street City/State (Province)/Zip (Postal) Code Country

Preferred Phone: (1) _____ Preferred Phone: (2) _____

Participant Parent Information - Please print clearly

Parent Name: (first, middle, & last) _____

Participant Home Address: _____
Street City/State (Province)/Zip (Postal) Code Country

Preferred Phone: (1) _____ Preferred Phone: (2) _____

E-mail Address: _____

PARENT - Please initial each box acknowledging your informed release & provide supplemental information as requested:

_____ I have read the WeHaKee Group Camp Guide and understand and agree to abide by all of the policies as they relate to my child's participation at Camp WeHaKee and in all camp programs. In addition, I have discussed the contents of this guide with my child and understand that it is my responsibility to ensure their understanding and willingness to abide by these policies.

_____ During my child's attendance at Camp WeHaKee:

- I have reviewed the camp program and activities and I confirm that my child can participate in all camp activities without restrictions
- I have reviewed the camp program and activities and I confirm that my child can participate in all camp activities with the following restrictions (Please describe below. Attach a separate sheet if necessary):

_____ My child's allergy status is as follows:

- My child has no known allergies
- My child has a food allergy (Please describe below. Attach a separate sheet if necessary):
- My child has a medicine allergy (Please describe below. Attach a separate sheet if necessary):
- My child has an environmental allergy (Such as insect stings, hay fever, etc. Please describe below. Attach a separate sheet if necessary):

_____ My child's dietary and nutritional status is as follows:

- My child consumes a regular diet
- My child consumes a regular vegetarian diet
- My child has the following special food needs (Please describe below. Attach a separate sheet if necessary):



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Please complete, sign, and return this page to the WeHaKee Camp for Girls Administrative Office no later than July 15th.

_____ My child's medical insurance status is as follows:

YES, my child is covered by medical/hospital insurance

Insurance Company/Phone: _____ Policy Number: _____

Subscriber Name: _____ Subscriber Number: _____

NO, my child is NOT covered by medical/hospital insurance

_____ I provide my consent for representatives of WeHaKee Camp for Girls to take and maintain images (photos, videos, etc.) of my child while a participant at Camp WeHaKee and Camp WeHaKee related events/activities, and that such images can be used for promotional purposes by Camp WeHaKee including but not limited to brochures, website, promotional videos, social media and other broadcast media as well as other Camp WeHaKee related media. I understand that images of my child used in Camp WeHaKee promotional materials will never be identified by full name. I also understand that Camp WeHaKee is not responsible for images of participants participating in WeHaKee activities, events, etc. that may be posted on social media or other broadcast means by others not related to or authorized by Camp WeHaKee.

_____ I understand that the community of WeHaKee proudly embraces our well maintained cabins and other facilities. When a camper chooses to write on bunks, bathroom stalls or any other areas of camp it is deeply contrary to the culture of our camp. I acknowledge that if my child is found to engage in such activity, a **minimum fee of \$250** will be charged to the registration account.

_____ I understand that WeHaKee Camp policy prohibits myself or my child from posting photos, video, logos or other images of WeHaKee or its participants on websites, social media sites, or other broadcast electronic means.

_____ I confirm that I have legal custody of the participant listed above. As the parent/guardian of the child listed above, I release Camp WeHaKee from any form of liability as I have given my child permission to participate. I also understand that Camp WeHaKee, its staff and agents will not be held liable for any loss, including but not limited to injury or death.

_____ As parent/guardian of the child listed above, I confirm that my child is currently vaccinated in accordance with the Centers for Disease Control and Prevention's most recent Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger (including the following vaccinations for diphtheria, tetanus, pertussis, mumps, measles, rubella, COVID-19, PCV, Hepatitis B & A, Varicella/chicken pox, meningococcal meningitis).

YES

NO* *If NO to any of these vaccinations, please contact our Administrative Office as soon as possible.*

I confirm that I have legal custody of the participant listed above. I also confirm that the health information I have provided regarding my child is correct and accurately reflects the health status of my child, the participant to whom it pertains. I attest that all of my child's immunizations are up to date. I attest that my child is able to participate in all camp activities except as noted by me above. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of this participant in emergency situations. If I cannot respond or be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for this participant. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, Camp WeHaKee has my permission to obtain a copy of my child's health record from my child's health care providers and these providers may talk with the WeHaKee's staff about my child's health status.



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Signature of Parent: _____ Date: _____

I, (Participant name) _____ agree to be a positive and respectful member of the WeHaKee community throughout my session at Camp WeHaKee. In addition, I have reviewed the WeHaKee Group Camp Guide and understand and accept what is expected of me as a member of the WeHaKee Camp community. I specifically understand what behaviors are acceptable and unacceptable at Camp WeHaKee as discussed in the Expectations at Camp section of the guide. Additionally, I agree not to post photos, video, logos, or other images of Camp WeHaKee or its participants on internet sites or other broadcast electronic means of any kind.

Signature of Participant: _____ Date: _____