

OHIO DECA SUMMER LEADERSHIP RETREAT

Registration Form

Camp Muskingum, Carrollton, Ohio

July 16 – 19, 2021

Registration Rate - \$195

MAKE CHECKS PAYABLE TO: OHIO DECA

Mail Registration, Emergency Medical Form, and Money to:

Mail To: Ohio DECA SLR
Vallie Robeson, Director
286 South Coy Road
Oregon, Ohio 43616

Fill out the Following Information (Please Print Clearly)

Student Name _____

Last

First

M.I.

Home Address _____

Street Address

Home Phone (____) _____

City, Zip

School Name _____

School Phone (____) _____

Advisor's Name _____

Advisor's email _____

GENDER (circle) M or F

Any Special Dietary Issues: _____

Have you attended before? Y or N

T-Shirt Size (please circle) S M L XL XXL

Parent Name(s) _____

Emergency Number's (____) _____

Daytime

(____) _____

Evening

REGISTRATIONS WILL BE HANDLED ON A FIRST-COME FIRST-SERVED BASIS. THE EXACT NUMBER OF CAMPERS TAKEN WILL DEPEND UPON CAMP FACILITIES.

There will be no refunds unless notified before June 11th!

If you have any questions or concerns please call SLR Director Vallie Robeson at (419) 360-2011

EMERGENCY MEDICAL AUTHORIZATION FORM

School _____

Student Name _____

Address _____

Telephone No. (_____) _____ Student Date of Birth _____

Purpose - to enable parents and guardians to authorize the provision of emergency treatment for students who become ill or injured while under school authority, when parents or guardian cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN

Mother's Name _____ Daytime Phone (_____) _____

Father's Name _____ Daytime Phone (_____) _____

Other's Name _____ Daytime Phone (_____) _____

NAME OF RELATIVE OR CHILD CARE PROVIDER _____

Relationship _____

Address _____ Phone (_____) _____

PART I OR II MUST BE COMPLETED

PART I – To GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone (_____) _____

Dentist: _____ Phone (_____) _____

Medical Specialist: _____ Phone (_____) _____

Local Hospital: _____ Phone (_____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) The administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date _____ Signature of Parent/Guardian _____

Address _____

PART II – REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Date _____ Signature of Parent/Guardian _____

Address _____

Ohio DECA Summer Leadership Retreat Attendance and Emergency/Medical Release Form

ATTENDANCE

This is to certify that _____ has permission to attend the above named DECA activity. I also do hereby on behalf of him/her absolve and release the Ohio DECA and Ohio DECA SLR staff from any claims for personal injuries or illness which might be sustained while he/she is en route to and from or during the DECA sponsored activity.

EMERGENCY

I authorize the advisor or retreat director to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness, and I will provide for the payment of these costs.

We have read and agree to abide by the terms listed above. We also agree that Ohio DECA has the right to send the above mention student home from the activity at our expense, provided that he/she has violated the conference rules and/or his/her conduct has become a detriment.

Student Signature

Parent/Guardian Signature

Phone

Chapter Advisor Signature

School Official Signature

Insurance Company Name

Policy Number

**Ohio FFA Camp, Inc., in conjunction with Ohio DECA
Minor Participant**

Waiver, Release, Indemnification of All Claims & Covenant Not to Sue Form

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Ohio FFA Camps, Inc. & Ohio DECA Programs, now or at any time in the future.

Acknowledgement of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree participation in Ohio FFA Camps, Inc. & Ohio DECA programs/activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Ohio FFA Camps, Inc. & Ohio DECA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Ohio FFA Camps, Inc. program participation and that said list in no way limits the operation of this Agreement.

Coronavirus/COVID-19 Warning and Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Ohio FFA Camps, Inc. & Ohio DECA programs or accessing Ohio FFA Camps, Inc. facilities could increase the risk of contracting COVID-19.** Ohio FFA Camps, Inc. & Ohio DECA in no way assures COVID-19 infection will not occur through participation in Ohio FFA Camps, Inc. & Ohio DECA programs or accessing Ohio FFA Camps, Inc. facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Ohio FFA Camps, Inc. & Ohio DECA programs and use of Ohio FFA Camps, Inc. facilities, I, the undersigned parent/guardian of the named minor, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assign, HEREBY DO RELEASE Ohio FFA Camps, Inc., & Ohio DECA its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators, and assigns may have, now or in the future, against Ohio FFA Camps, Inc. & Ohio DECA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Ohio FFA Camps, Inc.

facilities/equipment or participation in Ohio FFA Camps, Inc. & Ohio DECA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the Releasees.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Ohio FFA Camps, Inc. & Ohio DECA program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in Ohio FFA Camps, Inc. & Ohio DECA programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments, which would preclude his/her safe participation in Ohio FFA Camps, Inc. & Ohio DECA programs.

I further certify I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant's Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

Ohio DECA Summer Leadership Retreat COVID-19 Protocols

"Youth and summer camps can play an important role in the lives of children, including supporting their social, emotional, and physical development. Camps provide opportunities for children to try new activities, develop relationship and social skills, and be physically active. In addition to allowing for free play and unstructured learning, many camps also incorporate educational content, which can help prevent summer learning loss. The present guidance is intended to help camp administrators operate camps while preventing the spread of COVID-19 and protecting campers, their families, staff, and communities," [Center for Disease Control, Summer Camps](#) (2021).

Ohio DECA is committed to the following, in accordance with the CDC and Ohio Department of Public Health guidelines:

- All Campers and Staff **MUST** check their temperature and monitor symptoms **BEFORE** traveling to camp. Campers and Staff **MUST** remain home if sick or having symptoms, and will be sent home if sick or having symptoms.
- Campers & Staff will follow the Ohio Mask Mandate requiring cloth face masks to be worn covering their nose and mouth when they are in any indoor location that is not a residence; as well as outdoors where they are unable to consistently maintain a distance of 6 feet or more from people who are not members of their family/household. Masks will not be required while swimming or other water activities, but six feet of distanced should be maintained.
- Campers will remain in their assigned groups and cohorts as much as possible.
- Campers & staff will adhere to physical distancing guidelines, indoors and outdoors, which includes at least three feet between all campers within a group, at least six feet while eating and drinking including among members of the same group, and at least six feet between campers and staff.
- Social distancing will be maximized during meals.
- Bunks are positioned to maximize distancing between campers. Further, campers will be instructed to sleep head-to-toe to aid in maximizing distancing.
- Camper and staff will frequently wash their hands with soap and water.

Additional protocols may be added to adhere to the recommended CDC guidelines. All protocols and changes in programming are meant to ensure the safety of campers and staff alike during the Ohio DECA Summer Leadership Retreat.