

# Charles Campbell Camp Counselor Dates July 1 – 23, 2021

Return to: Charles Campbell Camp

PO Box 23342, Billings MT 59104

## COUNSELOR APPLICATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male/Female \_\_\_\_\_ Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent work phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Camp is physically strenuous and this information helps us place you.

Camp Experience \_\_\_\_\_

Have you attended the Charles Campbell Camp before? Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

Personal References: (Not Immediate Family, if you have not attended this camp prior)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Do you have CPR/First Aid certification: Yes \_\_\_\_\_ No \_\_\_\_\_

Use the back to list any special skills, experience, and other information that may be beneficial.

### Known Allergies:

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

Physician \_\_\_\_\_ Hospital preference \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

**Medical conditions** (ex. Diabetes, Seizures, etc) Please be specific and list all conditions that impact.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Prescription medications: Please list each medication you will be bringing to camp:

\_\_\_\_\_  
\_\_\_\_\_

All prescriptions will be kept in the locked cabinet in the Kitchen but will be available for you to self-administer.

Insurance Carrier \_\_\_\_\_ policy number \_\_\_\_\_

Emergency consent form for Dates: \_\_\_\_\_ I hereby affirm that I am the parent/guardian of \_\_\_\_\_ and give my permission to any physician/member of hospital medical staff to perform emergency medical treatment and procedures for \_\_\_\_\_ as he/she deems necessary, and to continue treatment and procedures until such time as the undersigned shall dismiss or engage another physician. This permission includes admission to the local hospital if deemed necessary. I consent that photographs, videos, or any other Media reproduction of same taken of him/her may be used by the Camp Director, Staff, and or the Billing's Lions Club to

advertise or publicize in any manner. I give my permission to participate in the camp program sponsored by the Billings's Lions Club and release the Lions Club and the camp staff from any liability resulting from such activity.

**Parent/Guardian/your Signature** \_\_\_\_\_

Date \_\_\_\_\_ (If you are 18 or older your signature is required instead of parent)

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

Emergency Contact (if parents are unavailable) Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

#### RELEASE AND INDEMNITY AGREEMENT:

Please read carefully. This Release and Indemnity agreement contains a surrender of certain legal rights. I (participant or guardian(s)) agree as follows:(1) to release and agree not to sue Charles Campbell Camp, its Board of Directors, the Billings Lions Club, Lions Club International, licensed professionals, employees, representatives, staff, volunteers, and other participants (hereafter collectively 'entity' or 'entities') with respect to all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claims'), in any way connected with my/my ward's enrollment or participation in these activities. I understand I agree here to waive all claims I may have against said entities and agree that neither I, nor anyone acting on my behalf, will make a claim against Billings Lions Club, Charles Campbell Camp or other 'entities' as a result of any injury, damage, death or other loss suffered by me or my ward;(2) to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) Billings Lions Club/Charles Campbell Camp or other 'entities', with respect to all claims brought by or on behalf of me, my ward, or a family member, in any way connected with my/my ward's enrollment or participation in these activities or use of Charles Campbell Camp/Billings Lions equipment or facilities. This Release and Indemnity Agreement includes any losses caused or alleged to be caused, in whole or in part, by the negligence of Charles Campbell Camp/Billings Lions Club or other 'entities' (but not its gross negligence or intentional or reckless misconduct), and includes claims for personal injury, property damage, wrongful death, breach of contract or otherwise. Billings Lions Club is required by law to include the following statement: By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

Parent or guardian/or over 18

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Return to: Charles Campbell Camp PO Box 23342 Billings, MT 59104 (406) 670-2496**

E-mail address: [campbellcamp@msn.com](mailto:campbellcamp@msn.com)

Doug and Sue Hanson Directors