



TEMPERATURE  
OPENING DAY

*We are thoroughly prepared and ready to provide a safe and healthy camp environment this summer!*

CAMP USE  
ONLY

Please have this form, completed in full and turned in at check-in.

CAMPER'S FULL NAME: \_\_\_\_\_

CAMPER'S D.O.B.: \_\_\_\_\_ SESSION(S) ATTENDING: \_\_\_\_\_

## MANDATORY TO ATTEND SUMMER CAMP 2021

Prior to your camper arriving at camp-

- It is **required** that this form be completely filled out.
- It is **MANDATORY** that every camper at both Athens Y Camp for boys and Camp Chattooga for girls turn in this completed form on opening day.
- No one will be admitted without this completed form.

### ALSO WE ASK THAT:

Each camper complete our 7-day temperature check the week prior to attending camp.

### DAILY TEMPERATURE CHECK

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE
<input type="checkbox"/> MY CHILD HAS BEEN FEVER FREE 7 DAYS						INITIAL HERE

**SYMPTOMS IN THE LAST TWO WEEKS** — *Check any that apply to your AYC Camper:*

- |   |   |
|---|---|
| <input type="checkbox"/> FEVER (above 100.4° F) | <input type="checkbox"/> CHANGE IN TASTE OR SMELL   |
| <input type="checkbox"/> COUGH                  | <input type="checkbox"/> CHANGE IN APPETITE         |
| <input type="checkbox"/> SHORTNESS OF BREATH    | <input type="checkbox"/> GENERALLY NOT FEELING WELL |
| <input type="checkbox"/> BODY ACHES             |   |

*If any above apply to your AYC Camper, please call 706-754-6912 or email [ayc@athensycamps.org](mailto:ayc@athensycamps.org) prior to arrival.*

<input type="checkbox"/> MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS	INITIAL HERE
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**PRE-EXISTING ILLNESSES**

*Check any that apply to your AYC Camper:*

- |   |  |
|---|--|
| <input type="checkbox"/> CARDIOVASCULAR DISEASE               | <input type="checkbox"/> DIABETES          |
| <input type="checkbox"/> RESPIRATORY DISEASE including ASTHMA | <input type="checkbox"/> IMMUNOCOMPROMISED |

*Individuals with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my child's pre-existing illness increases the implied risk of COVID-19.*

<input type="checkbox"/> I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES	INITIAL HERE
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**CONTACT HISTORY** — *Check any that apply to your AYC Camper:*

- The camper has been diagnosed with COVID-19.
- The camper has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.
- The camper has a household member currently on a watch list for COVID-19 exposure.

*If any of above apply to your AYC Camper, please call 706-754-6912 or email [ayc@athensycamps.org](mailto:ayc@athensycamps.org) prior to arrival.*

<input type="checkbox"/> I VERIFY THAT I HAVE ANSWERED THESE QUESTIONS TRUTHFULLY	INITIAL HERE
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**ACKNOWLEDGMENT OF RISK**

In my legal capacity as the parent/guardian of the minor named above, I do hereby acknowledge, and agree that participation in youth program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with youth 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.

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Athens Y Camps could increase the risk of contracting COVID-19. Athens Y Camps in no way warrants that COVID-19 infection will not occur through participation in youth program activities or accessing Athens Y Camp facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Athens Y Camps, 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 the Athens Y Camps on account of personal injury, property damage, illness, death or accident of any kind, arising out of or in any way related to the use of the facilities/equipment, participation in Athens Y Camp programs or medical decisions by Releasees whether that participation is supervised or unsupervised, however the injury, illness, or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in youth program activities, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's youth program participation.

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 youth program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks even those caused solely or partially by the negligence or Releasees. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, illness, or death, the named minor sustains while participating in youth programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, illness, or death.

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.

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*This situation continues to change daily, and as such, we will adapt and adjust our protocols and our procedures as we follow the guidelines provided by the State of Georgia, CDC, and local health department, in our efforts to help keep our campers, staff and families safe.*