Boys Camp 2022 Camper and Adult Health Questionnaire



1.	Has the camper experienced any of the following symptoms today? If any of the symptoms are
	checked, the camper cannot be registered for camp.
	☐ fever of 100.3°F or higher
	□ cough
	□ headache
	□ trouble breathing
	□ chills
	□ muscle pain
	□ sore throat
	□ new loss of taste or smell
	☐ gastrointestinal symptoms (nausea, vomiting, or diarrhea)
	□ no symptoms.
	Is your camper waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine? If YES , the camper cannot be registered for camp.
3.	In the last 14 days, has your camper had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 of having COVID-19 (i.e., tested due to symptoms)? If YES , the camper cannot be registered for camp.
	MEDICAL RELEASE
environ possible of the d onto Ca	imp-Wo-Me-To Staff and all counselors involved in Camp are working to provide a safe ament and minimal exposure to COVID-19. While we are taking precautions, we cannot prevent all e exposures to COVID-19 while attending camp. It is not possible to prevent against the presence disease. Therefore, if you choose to attend or send your child to Camp-Wo-Me-To, and/or enter amp-Wo-Me-To premises, you may be exposing yourself to and/or increasing your risk of etting or spreading COVID-19.
hereby	MPTION OF RISK: I have read and understood the above warning concerning COVID-19. I choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) in order to Camp-Wo-Me-To services and enter Camp-Wo-Me-To's premises.
RELEA	E CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS ASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS ERNING LIABILITY AS DESCRIBED ABOVE.
Campe	r's Name: Date:
Parent/	Guardian's Name (print):
**Sign	ature of Parent/Guardian (if under 18 years old): Date:
	Dale.