



2021 Chester Bowl Fall Camp Registration Packet

INSTRUCTIONS

Please write the name of each camper you are hoping to register below. Then, complete the following agreements and health forms. Once completed please drop-off or mail completed packets to: Chester Bowl, 1801 E. Skyline Parkway, Duluth MN, 55812.

If no one is at Chester Bowl when you attempt to drop off your registration packet, you may leave your packet in the mailbox which is located under the deck on the side of the building. Completed packets can also be emailed to sam@chesterbowl.org.

Fall Camp is Thursday & Friday October 21 & 22, and Monday, October 25, 2021. Camp hours are 8am to 5pm. Campers are registered for both Thursday & Friday and can be registered for the additional Monday as an add on. The cost for Thursday & Friday is \$64/camper. The cost for Monday is \$32/camper. The cost for all three days is \$96. Scholarships are available. If you would like to request a scholarship or have questions contact sam@chesterbowl.org.

Please list camper(s) names and place a check next to the days you are registering for.

	Name:	Name:
Thursday, 10/21 & Friday, 10/22		
Monday, 10/25		

Do you have a preference on where in Chester Bowl your child is placed? Please check the box for the location where you would like your campers placed. Please note that Fall Camp will be run out of Lower Chester and the Thom Storm Chalet. If there are not enough registrations to fill each group, Chester Bowl will reduce the locations and groups to accommodate the group size. Both have indoor options for colder and inclement weather.

- No preference
- Upper Chester/ Thom Storm Chalet
- Lower Chester/ The Hockey Rink

Siblings will be placed into the same group. Are there friends that they would like to be placed with? If yes, please list friends' names here: _____

We will do our best to place your children with friends but cannot guarantee that this will happen.

CBIC COVID-19 Parent & Camper Agreement

I understand that the health and safety of participants and staff this fall at Chester Bowl depends on my truthfulness and ability to recognize signs and symptoms of COVID-19 being experienced by members of my household.

I agree that if my child/children who is/are participating in camp, or any other individuals living in the same household as my child/ren who is/are participating in CBIC programming, begin to experience symptoms of COVID-19, I will keep the child home from camp and notify Chester Bowl Programs & Operations Manager immediately so that contact tracing may be conducted. *These symptoms include: runny nose, coughing, sneezing, sore throat, body aches, chills, and a fever of 100.4 degrees or higher.*

I agree that if my child/children or another member of my household has had close, unprotected contact with a suspected or known COVID-19 patient (spent longer than 15 minutes within 6 feet of someone who was sick with a fever and cough) within the past 14 days I will not attempt to have child/children attend camp for 14 days after that exposure.

I agree that my child/children will adhere to the following requirements while at camp:

1. Maintain social distancing of at least 6ft when possible,
2. To not hug or shake hands with others, and not to share food or drink with others.
3. Wash hands after their arrival at camp and before and after activities.
4. Bring and wear a mask or face covering when indoors or social distancing is not achievable.

I agree that if my child/children choose to consistently disregard the requirements listed above, he/she may be sent home for the day without any refund of camp fees.

Print Parent Name: _____

Parent Signature: _____

Date: _____

Chester Bowl Camper Health Form

Complete one form for each camper.

Camper Name: _____

Home Phone #: _____

Age at Start of Camp: _____ Date of Birth: _____ Gender (circle): Male Female Other

Home Address: _____

Primary Parent Name: _____

Primary Parent Phone #: _____

Primary Parent Email: _____

Secondary Parent Name: _____

Secondary Parent Phone #: _____

Preferred Hospital: _____

Does camper have insurance? Yes No. Provider: _____ Policy # _____

Allergies:

Please list any camp relevant health or behavioral conditions:

Please list the names of people that are allowed to pick your camper up besides parents:

Please list any people that are prohibited from having contact with your child:

Photo Release Agreement

I grant the Chester Bowl Improvement Club and its staff permission to take photos of my child during camp activities. I grant permission to the Chester Bowl Improvement Club to use photos of my child in promotional materials, social media posts, and official CBIC communications.

- Yes
- No

Peace in the Park Agreement

At Chester Bowl, we believe that everyone has the right to participate in our programs in a safe, peaceful, caring environment where each person is respected. We believe in resolving conflicts without yelling or fighting and being a place where everyone can feel comfortable and safe. We believe that each participant has a personal responsibility to do everything they can to create this environment at Chester Bowl. We expect the people in our programs to welcome each other, watch out for each other, and demonstrate caring towards each other.

At Chester Bowl we do not allow abuse or harassment of any kind, including verbal abuse (name calling, inappropriate language); physical harassment or fighting; harassment or teasing based on religion, race, color, national origin, gender, age, ability, sexual orientation, or any other protected class; sexual harassment; or demonstration of lack of respect for another person.

Consequences for violating the principles of Peace in the Parks can include warnings, loss of program privileges (being able to participate in winter and/or summer activities) for part or all of the day, involvement of parents/guardians, and loss of privileges for longer periods of time including the entire season.

AGREEMENT: By signing this form we promise that we will follow the Peace in the Park guidelines and understand the consequences that will occur if we do not.

Camper Signature: _____

Parent Signature: _____ Date: _____

Release, Indemnification & Hold Harmless Agreement

In consideration of participating in Chester Bowl Improvement Club activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the Chester Bowl Improvement Club (hereinafter referred to as CBIC) and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in CBIC activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by negligence of the Releases. My/My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I or my child are unable to participate due to physical or medical conditions, then I will discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my/my child's participation in these activities, or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I/my child have no medical or physical conditions which could interfere with our safety in these activities, or else I am willing to assume- and bear the costs of- all risks that be created, directly or indirectly, by such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releases' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable the remaining portions shall remain in full force and effect.

Parent/Guardian Authorization Section- Transportation/Medical

1. In the event that I/my child need immediate medical attention for injuries received while participating in a CBIC program, I authorize CBIC staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.
2. I give permission for myself and/or my child to be transported by the Releases as needed for field trips, inclement weather, or late pickup. I also give my permission to participate in walking field trips.
3. I hereby acknowledge that the CBIC will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file with the CBIC that indicates otherwise.
4. If I or my child requires use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or my child or within our personal belongings every day of the program. If CBIC staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the CBIC and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

General

1. I give permission for the CBIC to administer sunscreen as needed.
2. I give permission for my child to use "dangerous" tools such as pocket knives, hammers, hand saws, and other tools.
3. I give permission for my child to build camp fires, cook meals over camp fires, camp stoves and other devices.
4. I acknowledge that certain sections of this waiver may not apply to me/and or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during participating in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the CBIC did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.

Parent Signature: _____ Date: _____