

# DAY OF CAMP COVID-19 DISCLAIMER AND QUESTIONNAIRE

**Each participant (students and counselors) must complete this form within 24 hours of leaving for Camp and hand it to Camp Staff upon arrival**

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the [Centers for Disease Control and Prevention](#), senior citizens and those with underlying medical conditions are especially vulnerable. By attending New Jersey Youth/Kids Camp, you voluntarily assume all risks related to exposure to COVID-19. I understand and agree to allow my student to participate in activities that may not follow social distancing. I also understand that students may not be required to wear a mask.

Each student/counselor will be temperature checked at the entrance of Camp. Individuals with temperatures 100 and above will not be allowed to enter. **I understand that if my student develops symptoms of COVID-19 while at Camp, they will be isolated and asked to leave Camp at the discretion of the Camp nurse. I understand it is my responsibility to provide transportation home.**

According to the [Centers for Disease Control and Prevention](#), New Jersey Youth/Kids Camp is categorized as highest risk. **Highest Risk is defined by the CDC as:** Campers mix between groups and do not remain spaced apart. All campers are **not** from the local geographic area (e.g., community, town, city, or county).

**I understand that if a participant answers yes to any of the below questions, they will not come to Camp.**

1. In the last 14 days, has the participant attending camp or any member of their immediate household traveled:
  - On a cruise ship
  - Internationally anywhere outside the US

YES

NO
2. In the last 14 days, has the participant attending camp been in close contact with any person diagnosed with COVID-19?

YES

NO
3. In the last 14 days, has the participant attending camp been diagnosed with COVID-19?

YES

NO
4. Has the participant attending camp had any of these symptoms in the past 14 days?
  - Fever, cough, and shortness of breath that is not explained by other health conditions

YES

NO
5. Please take and record your temperature. Must be taken **WITHIN 24 HOURS** of arriving on the premises of Spruce Lake.  
Participant's Temperature (unmedicated) immediately before leaving for Camp: \_\_\_\_\_  
Date Taken: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Due to the nature of Youth/Kids Camp, social distancing practices, the wearing of masks, etc, may **NOT** be in effect. I release New Jersey Ministry Network from all liability associated with the risks listed above.

Participant's Name: \_\_\_\_\_

Church Name: \_\_\_\_\_ Church City: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

-----STOP – CAMP STAFF USE ONLY-----

Participant's Temperature (unmedicated) upon arriving at camp: \_\_\_\_\_ Time: \_\_\_\_\_

Leader Signature: \_\_\_\_\_