

**CALUMET  
LUTHERAN CAMP AND CONFERENCE CENTER  
PO BOX 236  
WEST OSSIPPEE, NH 03890**

*Reservation Office 603-539-3223 FAX 603-539-3385  
Reservations@calumet.org www.calumet.org*

**PARENT/GUARDIAN PERMISSION TO ATTEND AND PARTICIPATE**

Any person who has not yet reached the age of 18 who is not being accompanied to Calumet by his or her own parent or legal guardian must have a completed form on file at the Calumet office prior to or upon arrival. A separate form must be provided for each person under 18 years of age.

DATE: \_\_\_\_\_ NAME OF GROUP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

WORK PHONE:(\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

WORK PHONE:(\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

**If parent/guardian is not available in an emergency, notify:**

NAME: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DO YOU HAVE MEDICAL INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

CARRIER : \_\_\_\_\_ POLICY/GROUP #: \_\_\_\_\_

CARRIER ADDRESS: \_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS/ALLERGIES WE SHOULD BE AWARE OF?  
IF SO PLEASE INDICATE BELOW.

**PLEASE ADVISE GROUP LEADER OF THIS INFORMATION**

**THE OPPOSITE SIDE OF THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN**

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I understand and certify that my child's participation at Calumet and it's activities is completely voluntary.

I recognize that there are a wide variety of activities that will take place. Events and programs that may include, but are not limited to: skiing, tubing, sliding and tobogganing; ice skating; broom ball; swimming; adventure course; boating, sailing and canoeing; soccer, softball, football, volleyball, archery, tennis and basketball; craft activities; and hiking. I acknowledge that although Calumet has taken reasonable safety precautions, Calumet cannot insure nor guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants.

My signature indicates that I understand the above statement and that I hereby give permission to medical personnel to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I understand that Camp Calumet does not provide health care services for short term programs. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for my child. This form may be photocopied for trips off the property.

**Name of Parent/Guardian** \_\_\_\_\_  
*Please Print*

**Signature of Parent/Guardian** \_\_\_\_\_  
*Please Sign*

**At Calumet my child is the responsibility of** \_\_\_\_\_  
*Name – Please Print*

**Date:** \_\_\_\_\_

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**PARTICIPANT AGREEMENT**

I agree to participate in all activities of the retreat, to abide by all the rules of Calumet for the retreat and to remain on the camp property during the entire time of the retreat.

**Signature of Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_