



**INTAKE FORM ~Bring with You at Check In on Your First Day of Camp!**

We are grateful for your partnership with us to provide a safe and healthy Camp environment this summer at Dunkleys Gymnastics Camp. This completed Intake Form is required for check in at Dunkleys and should be completed prior to your child's arrival and given to the Director upon arrival.

CAMPER'S FULL NAME\_\_\_\_\_ DOB\_\_\_\_\_

1. My child/camper has completed 7 days of low risk pre camp behavior to reduce the risk of exposure to COVID-19. This means avoiding large group gatherings.
2. My child/camper has been fever free for the past seven days.
3. My child/camper has not had any of the following symptoms for the last two weeks: cough, shortness of breath, change in taste/smell, change in appetite, shortness of breath, cough, body aches, generally not feeling well.
4. My child/camper has not been out of the country or if yes, has completed a 7 day quarantine.
5. My child has not been diagnosed with COVID,. If yes, please list the date\_\_\_\_\_.
6. My child has not had close contact with someone who tested positive with COVID in the last 10 days.
7. My child/camper does not have a household member who is currently on a watch list for COVID exposure.

**Pre-existing Illnesses**

Check any that apply to your child/camper:

Cardiovascular Disease.  Diabetes.  Respiratory Disease -including Asthma

Immunocompromised  Other\_\_\_\_  No Pre Existing Illnesses

I understand the above pre-existing illnesses may increase my child's/camper's implied risk of COVID - 19, and I understand the implied risk of pre-existing illnesses\_

I verify that I have answered these questions truthfully\_

Parent's/Guardian's Signature\_\_\_\_\_

2023 COVID 19 Release Form

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Intake Assessment – done upon arrival at Camp Dunkleys Gymnastics Directors have been working with the guidance of the VT Health Dept, CDC and ACA guidelines and our Camp Dr. and our Camp Nurse to establish a safety plan and camp protocols for COVID 19. Campers are ages 7 – 17, representing the lowest risk segment of the overall population for COVID complications. The Safety Plan and protocols are part of this document. Despite our best efforts, there will still be a risk of your child acquiring the coronavirus at camp this summer. Ultimately, the choice for your child to attend summer camp at Dunkleys Gymnastics Camp is a personal one, and you are in control. If you are uncomfortable with the risks of COVID 19 in a summer camp setting or having your child interact with our Staff and other Campers, we have several options available to you, including moving your child's/camper's tuition to Summer 2022.

Therefore, we are requiring parents to sign this release, prior to their child arriving at Dunkleys 2022:

I being the legal parent/guardian of the above camper, a minor, in consideration of your acceptance of my child into the Dunkley Gymnastic Camp, and in consideration of the opportunity to improve gymnastics, aquatics and other athletic skills through the use of your equipment and staff, do forever release the camp owners, staff, directors, officers of Dunkleys Gymnastics Inc from any and all claims, demands, rights of action present or future in relationship to COVID 19 and my child \_\_\_\_\_ resulting or arising out of attendance at camp. I understand that there is a risk of my child acquiring COVID 19 at Camp and that the risk also includes, but is not limited to: illness from the virus, pneumonia, acute respiratory syndrome, and even death. Most cases are mild and many children are asymptomatic. Medical expenses incurred will be the responsibility of the camper's family.

\_\_\_\_\_ Parent's/guardian's signature Date

**Medications:**

**Please list the medications your child is currently taking while at camp:  
Send all meds in original prescription bottle with only the amount needed for camp.**

Medication Name    Dose    Time of the Day    Quantity on arrival    Camp Nurse initials


- Temperature reading
- Camper has new or worsening symptoms of possible COVID. (check any that apply)
  - Cough  Sore throat.  shortness of breath/difficulty breathing
  - Chills  Repeating shaking.  muscle pain
  - Loss of taste or smell.  Diarrhea.  headache
  - Feeling feverish.  Known close contact with a person who is confirmed to have COVID 19
- Lice check
- Injury \_\_\_\_\_

Camp Nurse Signature \_\_\_\_\_ Date\_\_\_\_\_