



FINAL DETAILS FOR NX LEVEL TRAINING FACILITY

Players and Parents:

Below you will find all information needed regarding this year's U.S. Baseball Academy program. If you have additional questions, you can contact us via email at info@usbbaseballacademy.com, or call us at 866-622-4487 option 1. We're available Monday through Friday, 9 am – 4 pm EST (**6 am – 1 pm PST**) by phone. On camp dates only, we have limited staff available by phone, 10 am – 3 pm EST (**7 am – Noon PST**) on Saturdays and Sundays.

I hope you're looking forward to camp with as much enthusiasm as we are. Call us or e-mail info@usbbaseballacademy.com if you have any questions.

Thank you

U.S. Baseball Academy

CAMP DATES

Day 1: Sunday, December 11

Day 2: Sunday, December 18

Day 3: Sunday, January 8

Day 4: Sunday, January 15

SESSION TIMES

*Session code located in confirmation email.

SESSION CODE	SESSION	TIME
USBDNX-1114C1	NX Level Training Facility: Catchers Session (AGES 11-14)	4:00 PM
USBDNX-1518C2	NX Level Training Facility: Catchers Session (AGES 15-18)	4:00 PM
USBDNX-810C3	NX Level Training Facility: Catchers Session (AGES 8-10)	7:00 PM
USBDNX-1114F3	NX Level Training Facility: Fielding Session (AGES 11-14)	5:30 PM
USBDNX-1518F4	NX Level Training Facility: Fielding Session (AGES 15-18)	5:30 PM
USBDNX-57F1	NX Level Training Facility: Fielding Session (AGES 5-7)	5:30 PM
USBDNX-810F2	NX Level Training Facility: Fielding Session (AGES 8-10)	5:30 PM
USBDNX-57H1	NX Level Training Facility: Hitting Session (AGES 5-7)	4:00 PM
USBDNX-810H5	NX Level Training Facility: Hitting Session (AGES 8-10)	4:00 PM
USBDNX-1114H3	NX Level Training Facility: Hitting Session (AGES 11-14)	7:00 PM
USBDNX-1518H4	NX Level Training Facility: Hitting Session (AGES 15-18)	7:00 PM
USBDNX-810H2	NX Level Training Facility: Hitting Session (AGES 8-10)	7:00 PM
USBDNX-1114P2	NX Level Training Facility: Pitching Session (AGES 11-14)	4:00 PM
USBDNX-810P1	NX Level Training Facility: Pitching Session (AGES 8-10)	4:00 PM
USBDNX-810P4	NX Level Training Facility: Pitching Session (AGES 8-10)	7:00 PM
USBDNX-57P3	NX Level Training Facility: Throwing Mechanics/Intro to Pitching Session (AGES 5-7)	7:00 PM

SCHEDULE

Sessions will be 85 minutes. Each session will begin promptly, so please arrive a few minutes before your sessions begin. Players may stretch in an out-of-the-way place while the previous session ends, but must stay clear of interfering with other sessions.

EQUIPMENT

What to wear: Players should wear something comfortable for working out. Please wear gym shoes each week. No cleats are permitted.

Hitting: Every player in the hitting camp must bring a bat and a helmet. Because some players may be taking more swings in a shorter period of time than they are accustomed to, it would be wise to wear batting gloves if you have them.

Pitching: Participants in the pitching camp should bring a glove. It is not necessary to bring a baseball.

Catchers: Participants in the catcher's session should bring their own gear: shin guards, chest protector, mask, and a protective cup. If you do not own your own catcher's gear, you should be able to borrow it from your coach or league.

Fielding/Baserunning: Participants in the fielding/baserunning should bring their own glove

WEATHER

Because we have reserved the facilities for the specific days of the camp, and scheduling additional days will be difficult, we will avoid postponing sessions due to weather at all costs.

If we cannot host camp on one of the scheduled dates, we will always post the notification to our website.

We will always send an email with additional information. When possible, we will send a text or robo-call notification. While we ask coaches for advance notice, in some instances, postponements may be posted inside of one hour prior to camp. If you are traveling long distance, please keep this in mind.

Please note: If there is no information listed on our website, then we have not yet received information from the Site Director regarding any changes. Please make sure that you check the website and email before coming to camp if the weather is questionable.

****All weather notifications will be posted [HERE](#) ****

Any sessions postponed due to weather will be made up. If weather turns bad during the day, parents or emergency contacts should be available to pick players up if necessary.

MAKEUPS

If you miss a session because of illness, vacation, or a schedule conflict, there can be no make-ups. Additionally, there are no partial refunds for missed days. We pride ourselves on maintaining the player-coach ratio and limiting enrollment in each session. If we allowed extra players in a hitting session because they missed the week before, it would be unfair to others and would compromise the instruction for everyone.

SAFETY

It is important that players not swing the bat unless they are at a station being instructed by a coach. If a player would step out of a station and swing the bat, or if players walking onto the floor to start the day swing their bats, there is a good chance someone could get hit. **DO NOT SWING BATS** unless you are in a station being instructed, and it is your turn to hit.

SPECTATORS

Parents are welcome to watch from the sidelines during the hitting, fielding, and catching program. unless otherwise directed by the on-site staff. The site director will designate a viewing area that will allow you to observe the camp and take notes. We ask that the parents respect this space to allow the coaches to give their full attention to the player. Please wait until the end of the session if you have any questions about a particular drill.

MULTIPLE AGE-GROUPS

This camp is for Ages 5-18 and all age groups will be in the gym or on the field at the same time. Each skill session is divided into groups based on age. We will do our best to ensure groupings are age appropriate but please understand the age of the players in the group will not affect the player's learning curve. If you see your player grouped incorrectly, please address it with the site director so we can correct.

SMALL GROUP TRAINING

This is not a one-on-one instructional camp. When the players rotate through the drills, the coach will be working with each player one-on-one but not in the sense that he will have time to correct major flaws in the player. The drills are designed, if done properly, to naturally correct flaws. The coach will be able to give quick tips, but with a small group, each player is entitled to equal time in the station.

PLAYER ASSISTANTS/HELPERS

Many stations will include a “player-assistant” in addition to the station coach. While the player-assistant is not technically coaching and is not factored into our coaching ratio, he is there to increase the repetitions while players wait to get to the lead coach at that station. Each participant works with the adult coach at that station for instruction, and the player-assistant for repetition and reinforcement. Not all camps will have player assistants.

PROGRESSIVE PROGRAM

U.S. Baseball Academy is a progressive program that works through each of the building blocks for successful hitting, pitching, fielding, and catching. For hitters, that includes grip, athletic stance, stride, balance, proper alignment, weight transfer, path of swing, power position, contact points, extension, pitch recognition, mental aspects, and many others. For pitchers, it includes various grips, stance, arm slot, arm action, balance point, hand and wrist position, release point, proper alignment, power position, follow-through, mental aspects, and more. For catchers, players work through stance, receiving, framing, blocking, throwing, fielding drills, the mental side of catching and dealing with pitchers and umpires. For fielders, it includes approach, stance, footwork, throwing, backhand, forehand, slow-rollers, feeds and pivots, cut-offs, tag plays, rundowns and more.

This is a teaching camp. If you are expecting to see your player take 200 swings a day in a cage against a pitcher, you will not find it here. You can get that by putting tokens in a machine at an arcade, but what will the player learn? Rather than improve, he will simply be driving bad habits deeper and deeper into his muscle memory. Pitchers who haven't thrown a ball in months would tear up their arm throwing full speed off a mound in January or February. Drills will break down mechanics and build muscle memory, so players understand how to pitch and have success when they get on the field. The goal is not to get hitters out in the middle of winter.

As is the case at colleges and even Major League spring training, many of the drills will use hitting Tees, soft toss, and similar techniques. Young kids may think they are boring. You may think they are repetitive. They are not. At each station, the coaches are working on a specific “building block.” Feel free to ask the coaches to explain the specific purpose of any drill you don't understand.

So, if your player tells you he hit off Tees all day, or he hit soft-toss, it's important to understand what is happening at each station. Tony Gwynn, one of the greatest hitters of all time, hit off a Tee for 30 minutes a day throughout his Major League career. He was known to say, “If you can't do it off a Tee, you sure can't do it off a pitcher.” That always reminds me of one of the most memorable calls to come into our office in 20 years. A parent considering signing up her son for the camp asked if the kids hit off Tees in the program. She was told that yes, some of the drills involve hitting off Tees and soft-toss. “Tees are for T-batters,” she responded loudly. “My son is a fourth-grader. I'll take him to a batting cage.”

Good thing she wasn't Tony Gwynn's mom.

SITE INFORMATION

NX Level Training Facility
W234 S3555 Les Paul Pkwy
Waukesha, Wisconsin 53189

U.S. BASEBALL & SOFTBALL ACADEMY - HEALTH & RELEASE FORMS

(You will not be admitted to camp without this form, completed and signed on all pages.)

CAMPER FULL NAME _____

CAMP LOCATION _____ CAMP DATES _____

Gender: _____ Birthday: ____/____/____ Age: _____ Weight: _____ Height: _____

Parent/Guardian Name _____ Relationship to Camper _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ E-Mail _____

Preferred Parent/Guardian Phone Number during camp hours (if different from above) (____) _____

Emergency Contact Name _____ Emergency Contact Phone number (____) _____

HEALTH & GENERAL HISTORY

If the camper should be restricted from any activity please note: _____

If the camper will be taking medication during camp, please indicate name of drug(s) and dosage: _____

Please identify any medical condition, medical history, or allergies that would require special attention: _____

I hereby certify that the named camper is in good health and fully able to participate in all activities of the Sports Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program:

Parent/Guardian Signature: _____ Date: _____

Physician's Name: _____ Phone Number (____) _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named camper to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that good faith attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the sole insurance coverage for any medical treatment. I further agree that my child can receive over the counter remedies. (Tylenol, Sudafed, etc.)

Please initial this box if you DO NOT want your child to receive over the counter medications.

I HAVE READ THE INFORMATION PACKET AND FULLY UNDERSTAND OUR OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF USBSA, LLC (USBSA), AND HERBY AGREE TO ACT IN ACCORDANCE. For good and adequate consideration, which I acknowledge I have received, I hereby grant, release, and quit claim to USBSA royalty free the right and authority to use, reproduce, and distribute, quoted material, my child's photograph, likeness, recorded voice, or videotaped filmed appearances (the "Materials") for promotional and advertising purposes as USBSA in its sole discretion will deem appropriate.

The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of my minor child/ward _____ (“my child”) being allowed to participate in this sport camp program, its related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and there are also risks of injury from such outside camper activities to which you may consent, and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation. If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CAMP, THE ENTITY OPERATING THE CAMP, USBSA, US SPORTS CAMPS, LLC (USSC) AND THEIR OFFICERS, DIRECTORS, OFFICIALS, AFFILIATES, AGENTS, OWNERS AND/OR EMPLOYEES, AND ALL SUBSIDIARIES, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND, IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED FOR ACTIVITY (“Releasees”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law.

I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____ Date: _____

Agreement to Arbitrate Disputes

IN THE EVENT OF ANY DISPUTE PERTAINING TO ANY PROVISION OF THIS AGREEMENT, OR PERTAINING TO THE SERVICES RENDERED PURSUANT TO THIS AGREEMENT, OR IN ANY WAY RELATED TO ATTENDANCE AT THIS CAMP, INCLUDING ANY CLAIM FOR PERSONAL INJURY OR OTHER LOSS, INCLUDING ANY CLAIM AGAINST USBSA, USSC, THE ENTITY OPERATING THE CAMP AND THEIR DIRECTORS, OFFICERS, OFFICIALS, AFFILIATES, EMPLOYEES, SPONSORS, HOSTS, OR AGENTS, AND ALL SUBSIDIARIES, OWNERS, PARTNERS, JOINT VENTURERS, OFFICIALS, EMPLOYEES, OR AGENTS OF THE CAMP, OR OF ANY FOREGOING ENTITY, OR OF THE HOST FACILITY, SPONSOR OR INSTITUTION. EACH PARTY HERETO AGREES TO SUBMIT TO BINDING ARBITRATION TO RESOLVE SUCH DISPUTES, BY CLAIM FILED, BEFORE JAMS IN SAN FRANCISCO, CALIFORNIA, TO BE ARBITRATED HERE OR SUCH OTHER VENUE AS DEEMED APPROPRIATE BY THE JAMS ARBITRATOR, SUCH ARBITRATION TO PROCEED UNDER THE JAMS RULES. In the event either party to this agreement incurs any expense as a result of the other party’s failure to comply with any provision of this agreement, the non-complying party shall be liable for reimbursement of any and all such expenses or attorney fees directly or indirectly related to failure to comply. In the event any legal action or proceeding occurs which is in any manner related to or pertaining to this agreement, attempting to challenge in a non-arbitral forum such as a court of law the validity or application of this agreement, the party who substantially prevails in that court or non-arbitral proceeding shall be entitled to receive reasonable costs of such action or proceeding including attorney’s fees. In the arbitration itself, each party shall bear its own attorneys’ fees. The following disclosures are intended to help you thoroughly understand the significance of agreeing to arbitrate any controversy, or claim, or issue in any controversy or claim which may arise between the undersigned client and the attorney:

A) ARBITRATION SHALL BE FINAL AND BINDING ON THE PARTIES. B) THE PARTIES HERETO ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL. C) PRE-ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS. D) THE ARBITRATOR'S (S) AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY'S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATOR (S) IS STRICTLY LIMITED. E) THE ARBITRATOR OR PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE AN ATTORNEY OR JUDGE, ACTIVE OR RETIRED.

BY SIGNING BELOW, YOU ARE SIGNIFYING UNDERSTANDING AND ACCEPTANCE OF THE PROVISIONS OF THIS AGREEMENT.

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all activities of the Camp. By signing below, I am stating that I am also aware of and accept the risk inherent in the program activity. By signing below, I agree as well to hold harmless and indemnify USBSA and USSC, their officers, directors, owners, officials, affiliates, agents and employees, and all subsidiaries from any and all liability, loss, damages, costs, refunds or expenses which are sustained, incurred or required out of the actions of my dependent in the course of the camp.

Parent/Guardian Signature: _____ **Date:** _____

**ACKNOWLEDGEMENT AND ASSUMPTION OF COVID-19 RISK
AND WAIVER OF LIABILITY**

U.S. Baseball & Softball Academy

On March 11, 2020, The World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

ACKNOWLEDGEMENT AND ASSUMPTION OF ALL RISK

By signing this Waiver of Liability, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that your minor child may be exposed to or infected by COVID-19. You acknowledge that by attending USBSA, such exposure or infection may result in personal injury, illness, disability, and/or death or financial loss or harm as a result thereof. You understand that the risk of becoming exposed to or infected by COVID-19 at USBSA may result from the actions, omissions, or negligence of yourself, your minor child, and others, including, but not limited to USBSA' employees, contractors, other campers and visitors to USBSA' facilities.

You acknowledge that USBSA cannot guarantee that your minor child will not become exposed to or infected with COVID-19 if he/she attends USBSA. Further, because of the number of individuals involved in operating or attending any USBSA and the fact that many infected individuals appear to be asymptomatic, attending a USBSA Camp may increase your minor child's risk of contracting COVID-19.

You voluntarily agree to assume all of the foregoing health and financial risks and accept sole responsibility for any injury to your child(ren), your family and others associated with you (including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind whatsoever).

RELEASE OF ALL CLAIMS

By signing this Waiver, you hereby (for yourself, your minor child(ren), and for your personal representatives, agents, family members, significant others and assigns (for which you have the legal authority and authorization to do so)) expressly (a) release, discharge and hold harmless, USBSA its employees, agents, affiliates, and representatives, of and from any and all liabilities, claims, actions, damages, costs or expenses of any kind (contingent or real) arising out of or relating to COVID-19 (directly or indirectly), and (b) covenant not to sue and agree not to pursue any claim of any nature whatsoever against USBSA, its employees, agents, affiliates, and representatives, under general laws or equity, the judicial system, through governmental or regulatory channels, quasi-governmental authorities or otherwise, if you, your minor child(ren), your personal representatives, agents, family members or significant others (if and as applicable), experience personal injury, illness, disability and/or death or financial harm arising out of or relating to COVID-19 (directly or indirectly).

You understand and agree that this release includes any and all claims based on the actions, omissions, or negligence of USBSA, its employees, agents, affiliates, and representatives, whether a COVID-19 infection occurs before, during, or after participation in attending any USBSA Camp. Accordingly, you waive for yourself, your minor child(ren), and for your personal representatives, agents, family members, significant others and assigns (for

INITIALS _____

which you have the legal authority and authorization to do so) Section 1542 of the California Civil Code, which provides:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY.

You also waive any similar statute under any other state or federal law, to the fullest extent that he, she, or it may lawfully waive such right or benefit. You further agree that this Waiver is intended to be as broad and inclusive as possible and that if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Consistent with the above, you recognize that in the event you or your minor child(ren) test positive for COVID-19, regardless of where you or they contracted the virus, you have a duty to promptly notify USBSA if your minor children have used its camp facilities at any time during which they may have exposed other persons so that USBSA may perform "contact tracing." You also recognize that should another person who attended any USBSA Camp at the same time test positive, you may need to be notified. Accordingly, you are providing your telephone, phone number and residence address below.

You acknowledge and agree that you have carefully read and agree to voluntarily sign this Waiver and that you may be giving up valuable legal rights.

[remainder of this page intentionally left blank]

IN CONSIDERATION OF MY MINOR CHILD(REN)/WARD(S) BEING ALLOWED TO PARTICIPATE IN THIS SPORTS CAMP PROGRAM, ITS RELATED EVENTS AND ACTIVITIES, I, THE UNDERSIGNED, ACKNOWLEDGE THAT I HAVE READ ALL OF THE PROVISIONS OF THIS WAIVER OF LIABILITY AND HEREBY AGREE TO ITS TERMS. I HAVE HAD THE OPPORTUNITY TO SEEK THE ADVICE OF LEGAL COUNSEL WITH RESPECT TO THIS RELEASE AND WAIVER OF LIABILITY AND ATTEST THAT I AM OF SOUND MIND AND FULLY AWARE OF ALL LEGAL IMPLICATIONS AND RAMIFICATIONS ASSOCIATED WITH AFFIXING MY SIGNATURE HERETO.

Signature of Parent or Guardian:	Date:
Printed name of Parent or Guardian:	Relationship to Child(ren):
Email:	Telephone:
Address of Parent or Guardian:	
Name(s) of Child(ren):	
1.	
2.	
3.	
4.	

INITIALS _____

MANDATORY COVID-19 SYMPTOM SCREENING FORM

This form must be printed, completed, and turned in at check-in on the first day of camp.

PLEASE CIRCLE THE ANSWER

<p>1) Has the camper experienced any of the following symptoms in the past 48 hours:</p> <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • congestion or runny nose • nausea or vomiting • diarrhea 	YES	NO
<p>2) Is the camper isolating or quarantining because s/he tested positive, may have been exposed to a person with COVID-19 or is worried that s/he may be sick with COVID-19?</p>	YES	NO
<p>3) Is the camper fully vaccinated OR has the camper recovered from a documented COVID-19 infection in the last 3 months?</p> <p><i>To be considered fully vaccinated, you must be ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks following receipt of one dose of a single-dose vaccine.</i></p>	YES	NO
<p>IMPORTANT: IF YOU ANSWERED “YES” TO QUESTION 3 AND “NO” TO QUESTIONS 1 & 2, PLEASE SKIP QUESTIONS 4 & 5. YOU ARE APPROVED TO ATTEND CAMP TODAY.</p>		
<p>4) Within the past 14 days, has the camper been in close physical contact (6 feet or closer for a cumulative total of 15 minutes) with:</p> <ul style="list-style-type: none"> • Anyone who is known to have laboratory-confirmed COVID-19? <li style="text-align: center;">OR • Anyone who has any symptoms consistent with COVID-19? 	YES	NO
<p>5) Is the camper currently waiting on the results of a COVID-19 test?</p>	YES	NO

<p style="text-align: center;">If the camper IS NOT fully vaccinated, did you answer NO to ALL QUESTION?</p>	<p style="text-align: center;">Permission to attend camp today: APPROVED</p> <p style="text-align: center; font-size: small;">Please bring this completed form with you to camp check in today.</p>
<p style="text-align: center;">If the camper IS NOT fully vaccinated, did you answer YES to ANY QUESTION?</p>	<p style="text-align: center;">Permission to attend camp today: NOT APPROVED</p> <p style="text-align: center; font-size: small;">On the basis of the information you have provided, the camper needs to be evaluated by a professional healthcare provider before joining camp. Please call your Camp Director to inform him/her of the camper's approval status.</p>

Camper First & Last Name: _____

Camp Location: _____

Signature (parent/guardian for minors): _____ **Date:** _____