

Camp Harvest
Sowers of the Harvest, Inc.
P.O. Box 29
Witter, AR 479-677-2199

Form in kōmelim barāinwōt liki in kōtļok

Camp Harvest ej located ilo juon jikin tōl eo emman nān kalojōj. Ekkā wōt ad roņjake ke safety ej juon iaan concern ko ad re lap ilo budej eo an Camp Harvest, ewor kauwōtata ko ilo aolepen activity kein jej aikuj in jeļā im kile. nān kijbarok kij make ekkar nān kar baj karōk ko aer. Camp Harvest staff ro rej barāinwōt bōk kuņaer ilo tōl kab eddo in ikkure ko i nabōj in jikin eo. Facility eo kab program ko aer ewor record nān kalikkar kōn tōl in kijbarok i kijen ro emōj aer train nān tōl. Bōtab, nē e naaj itok nān activity ko, ewor iien jirilōk. Camp Harvest ej aikuj aolep ro re naaj kobatok bwe ren sign ke rej errā kab re melele i kijen kauwōtata kein. Parent ro re naaj aikuj in co-sign nān ro i ļalin 18 aer iiō.

- Ij ka alikkar bwe ilo iien ko i naaj pād ilo iien activity kein , Ikkijiō im ri-tōl eo, emōj am ro jimor jela kadede i kijen jirilōk ko nē re naaj waļok tok. I melele nē jirilōk im men kein re waļok nān eō re ban men in kinaakļōk nān men ko re ļap kōnke e jab kanooj in lap kauwōtata kein ekkar nān environment eo im wawen adventure activity eo.
- I melele kin adventure activity ko ke re naaj supervised jen staff ro edede ļok aer train jen Camp Harvest barāinwōt ilo iien ko i nabwōj im ilowaan em im jikin tallōñ ko ilo facility inn, high zip line, low ropes course, hiking, swimming, im bar activity ko me re-challenging. Self-guided recreational activity ko e maroñ include, sports activity im activity ko Camp Harvest staff ak group leader ro raar make wanlōñtak kaki.
- Ij errā bwe ij make responsible i kijen mūl ilo iien ko im barāinwōt i kijen ļomņak ko aō kab feeling ko aō. Emōj aō jeļā im melele bwe program im activity kein rej ilo mōnōnō in kōmņani; im ewor aō make kāālōt bwe in bōk kuņaō ilo kajjo activity kein ekkar nān manit im ājmour in ānbwinnōm, joņan maroñ im kajoor im barāinwōt medical condition eo aō. Nān i mōnōnō in kajjoñ meñe elōñ medical ak physical condition ko ibba.
- Ij accept aolep risks kein ba kaki ilo Jabdewōt activity eo re naaj kāālōte. E barāinwōt include activity ko ro ri tōl an Camp Harvest re naaj kōmņani, barāinwōt jen group leader ro ilo activity ko kajjo iaer. Ilo ien activity kein, e naaj wor contact ibben plants, animals ak insects me re maroñ bōk tok nañinmej āinwōt metak, allergies im nañinmej in kūj. Ilo iien adventure activity kein e maroñ ļōñ ien slip, falling , rope burns, pinches, scrapes, im scratches, bruises, sprains, lacerations, fractures, concussions ak kauwōtata ko jet.
- Ij ka alikkar bwe ewor aō insurance nān cover e aolepen maķūtkūt. in jorrāan ko aō make, ak ij erra bwe ne e naj wōr jorrāan ko ņae eō e naaj aō make eddo. Camp Harvest e jab bōk eddo in health ak accident insurance nān Jabdewōt eo e naaj itok ilo iien kein.
- I jeļā bwe aolep physical injury kab inebata ko aō eļañe re naj alikkar ilo iien aō pād ilo Jabdewōt wāween ilo program ko nān ij kallimur ke l ļāmin ņa ruōn Camp Harvest, ak ri jermal ro, ri katakin ro, ro ri tōl kōn jabdewōt men eo e naaj ka binōnōik eō ilo aō pād ilo program kein.

Name: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Insurance group name and number: _____

Signature of camper: _____ Date: _____

Signature of Parent: _____ Date: _____

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Etan Camper (joij im print)

- Ij lewōj mālim i kijen ajri eo nejū bwe en camp ilo Camp Harvest ilo Witter, AR.
- Ij authorize camp representative ak sponsor ro bwe ren lale ir ilo iien ko re aikwij medical treatment im ilo iien kein me i jab maroñ in tebar ir ñan ka mālim ir. Ij kōtłok ñan camp representative ak sponsor ro bwe ren bōk eddo ñe e naaj wor jorrāān ko ñae e jemłok ien kein aer ibbeir.
- I melele im ij errā bwe, ilo iien kein me et in etan āin ej camp ilōñ ñe e naj involved ilo bōt im nana mūl im anemkwōjan jen an pokake rule ko, ña I naaj karōk juon aō iien bwe in mōkaj im bōke ilo iien eo e mōkaj tata, ekkar ñan karōk/ka kien eo an sponsor ak camp representative ro.
- Ij lewōj mālim ñan ka mālim bwe ajri eo nejū en pija barāinwōt pād ilowaan videotape ko, broadcast media, print media, im etaer ñan, pija im men ko jet men re naaj kwałoki ilo bwilij.
- Ajri eo nejū e naaj koba wōj: _____

Joij im print date eo ajri eo e naj kobatok im camp

Home address: _____

Date of Birth: _____

Home Phone: _____

Work/ Cell phone: _____

Ilo iien emergency, joij im contact:

- Parent or guardian _____
- Doctor _____
- Friend or relative _____

Phone: _____

Phone: _____

Phone: _____

List of known food/drug allergies: _____

- Allergic to bee/wasp stings Y/N _____

Medication taken regularly : _____

- How Often? _____

Swimming: non-swimmer _____ Fair swimmer _____ Good Swimmer _____

Family Medical Insurance Company _____

- Policy Number or Group Number _____

Ein dein ij errā im melele aolep information list kein ilo form in.

Date: _____

Signature of Parent or Guardian