

# Wolf Tree Programs

PO Box 44, Montague, MA 01351 (413) 210-9361  
wolftreeprograms1@yahoo.com

## **Registration Form** (Please print in ink)

**Program Attending:** \_\_\_\_\_

**Cost:** \_\_\_\_\_

**Amount you will be paying per day: \$** \_\_\_\_\_

**Make Checks Payable to Wolf Tree Programs**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname \_\_\_\_\_ Gender  Male  Female Age on First Day of Program \_\_\_\_\_

Student's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (continued) \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Present School \_\_\_\_\_ Grade \_\_\_\_\_

Siblings' Names and Ages \_\_\_\_\_

Student lives with  mother  father  both  other \_\_\_\_\_

**Legal Guardian 1** Name \_\_\_\_\_  mother  father  other \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Fax \_\_\_\_\_

**Legal Guardian 2** Name \_\_\_\_\_  mother  father  other \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Other Important Caregiver** Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

How did you learn about Wolf Tree Programs?  Friend  Web  Class Trip  Other

Please Give Details on Above \_\_\_\_\_

# **REQUIRED SIGNATURES**

**VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.**

At Wolf Tree Programs, the safety of each camper is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional safety and to provide a quality camping experience that focuses on fun, safety and character development. However, as in any other experience, we cannot, however eliminate all risk from our programs. By signing the following statements you will be acknowledging that you understand the risks of attending this program, assuming liability for your child's participation and certifying that your application is complete and truthful.

## **Acknowledgement of Risk**

I understand that the program takes place in rocky, mountainous and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: camping, building and sleeping in natural shelters, hiking, wading, cooking, fire building, use of tools, & use of knives. These activities can cause personal injury, property damage, illness or death.

---

Parent/Guardian signature

Date

## **Assumption of Liability**

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Neill Bovaird and his employees, agents, volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as "Wolf Tree Programs") from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in a Wolf Tree Programs program. I further agree to hold harmless and indemnify Wolf Tree Programs and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

---

Parent/Guardian signature

Date

## **Photo Release**

By signing below I hereby grant free permission for Wolf Tree Programs to use images of enrolled participant in their programs or events for outreach purposes, including but not limited to electronic or printed materials or media. Please consider granting this release to us if at all possible, as our ability to successfully share our program with new participants depends on having representative photographs.

---

Parent/Guardian signature

Date

**NO, I do not wish to grant a photo release.**

---

Parent/Guardian signature

Date

### **Statement of completeness**

All of the information on this Student Application form is confidential and will only be shared with the appropriate Wolf Tree Programs staff. Students with a variety of medical/psychological/physical conditions or problems have successfully participated in our programs but WE MUST BE AWARE OF THESE CONDITIONS. Other students, staff, and the applicant are all put at risk when this information is withheld.

I understand that if my child arrives at camp with a pre-existing condition, injury or other health problem not indicated on this application which Wolf Tree Program staff discovers because of its negative impact on my child's experience, fellow campers, staff, or the camp program, my child may be asked to leave the program s/he is attending and I will receive no refund of tuition. I hereby certify that I have answered all questions on this application and the parent questionnaire truthfully and completely. If circumstances change between today and the first day of the program so that this application is no longer truthful or complete I certify that I will fully inform Wolf Tree Programs of the new circumstances.

---

Parent/Guardian signature

Date

# Wolf Tree Programs

P.O. Box 44, Montague, MA 01351  
WolfTreeprograms1@yahoo.com

## **Confidential Medical Record**

Complete both sides and return to Wolf Tree Programs, P.O. Box 44, Montague, MA 01351 (413) 210-9361

Your child's place in the Program is confirmed when we receive all forms, completely filled out and signed, and his/her medical form has been approved. This medical form is an important way to ensure a safe and enjoyable experience for your child. Please fill out all relevant parts carefully and truthfully. Anyone in average physical condition can expect to complete our program. If we have any question about your child's ability to complete the course, we will call and discuss the matter with you. If we think your child should not participate in the course, we will refund all tuition payments made to Wolf Tree Programs. We cannot refund costs of medical examinations or other expenses you incur preparing for a course.

### **PART 1 General Information**

1. Name \_\_\_\_\_ 2. Program Starting Date \_\_\_\_\_

3. Male \_\_\_ Female \_\_\_ 4. Birth date \_\_\_\_\_ 5. Height \_\_\_\_\_ 6. Weight \_\_\_\_\_

4. Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

5. Insurance: Each participant is responsible for medical expenses. Sickness and accident insurance is recommended but not required.

Is applicant covered by any hospitalization care policy?  Yes  No

Insurance company name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Does insurance company require pre-authorization?  Yes  No If yes, phone ( ) \_\_\_\_\_

### **PART 2 Medical Information**

You should know that it is possible for children with a variety of medical/ psychological difficulties to participate in our camps, but we must be aware of these conditions for our benefit. Failure to disclose such information could result in serious harm to your child, other campers and staff.

1. Allergies - List below. Include foods, insects, plants and medications. Describe your child's reactions and any medication he/she may require.

2. Does your child have any special dietary requirements?  yes  no If so, please describe. We can provide for vegetarian and vegan diets as well as allergies to a limited number of foods. If your child has more unusual dietary requirements please call us to make special arrangements

3. Medications your child is currently taking - List the dosage, condition it is for and any side effects your child is experiencing.

4. Describe your child's current physical exercise activity. Include frequency, duration and intensity.

5. Date of your child's last tetanus booster: \_\_\_\_\_. Who gave the booster? \_\_\_\_\_  
Their phone number: \_\_\_\_\_. Boosters are recommended at age 5 and every 10 years thereafter. It is recommended that children who get deep, dirty wounds or puncture wounds more than 5 years after their last booster receive another booster promptly.

- |   |     |     |
|---|-----|-----|
| 6. Answer "yes" or "no" below.                      | yes | no  |
| a. Smoker   | ___ | ___ |
| b. Seizure within past year                         | ___ | ___ |
| c. Family history of heart attack                   | ___ | ___ |
| d. Hospitalization within past 2 years              | ___ | ___ |
| e. Emergency Dept. visit within past year           | ___ | ___ |
| f. Neck, back, shoulder, knee, ankle pain or injury | ___ | ___ |
| g. Medical equipment needed                         | ___ | ___ |
| h. Other medical issues, illnesses or symptoms      | ___ | ___ |

Give details on any question for which you checked "yes". Include symptoms and/or any restrictions.

7. If you check "yes" to any of the following questions, we strongly suggest that you consult with a health care professional to determine whether your health status is sufficient for you to participate in the program:

Yes No

- \_\_\_ \_\_\_ a. High blood pressures (or currently being treated)
- \_\_\_ \_\_\_ b. Heart murmur
- \_\_\_ \_\_\_ c. Heart issues (current or prior heart disease, irregular heart beat, history of heart attack)
- \_\_\_ \_\_\_ d. Chronic, on-going disease such as diabetes, seizure disorder, bleeding disorder
- \_\_\_ \_\_\_ e. Chest pain/pressure, heart palpitations, frequent unexplained or heart-related dizziness or fainting, sweats or weak spells
- \_\_\_ \_\_\_ f. Severely over weight

Describe in detail any of the above for which you checked "yes" (include additional sheets if necessary):

**PART 3 Signature required**

I hereby give consent for emergency hospitalization for \_\_\_\_\_ (print participants name) if it becomes necessary as a result of his/her participation in a Wolf Tree Programs program. I understand that the program is a physically and mentally strenuous activity and may be in a remote wilderness area far from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my child's participation in a "Wolf Tree" program. I realize that failure to disclose such information could result in serious harm to my child and fellow students and agree to indemnify and hold Wolf Tree Programs harmless if all relevant information is not disclosed. I also agree to notify Wolf Tree Programs should there be any change in my child's health status prior to the start of his/her program.

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