

wolf tree
programs



P.O. Box 44, Montague MA 01351 • 413-210-9361 • www.wolftreema.com

REGISTRATION FORM

\$100 deposit required per session to reserve space • Make checks payable to: Wolf Tree Programs

Please Circle Camp Session(s)

Session 1: (Ages 7-12) June 25-29, 2012 **Session 2:** (Ages 12-15) July 2-13, 2012

Session 3: (Ages 7-12) July 16-20, 2012 **Session 4:** Session 4 (Ages 7-12) July 23-27, 2012

Participant's Name _____ Date of Birth ____/____/____

Nickname _____ Gender Male Female Age on 1st Day of Program _____

Participant's Address _____ Home Phone _____

Address (continued) _____ Email _____

City _____ State _____ Zip _____

Present School _____ Grade _____

Siblings' Names and Ages _____

Participant lives with Mother Father Both Other _____

Legal Guardian 1: Name _____ mother father other _____

Occupation _____ Work Phone _____ Home Phone _____

Cell Phone _____ Fax _____ E-mail _____

Legal Guardian 2: Name _____ mother father other _____

Occupation _____ Work Phone _____ Home Phone _____

Cell Phone _____ E-mail _____

Other Important Caregiver Name _____ Relationship to Camper _____

Occupation _____ Work/Cell Phone _____ Home Phone _____

Billing Address (if different) _____

How did you learn about Wolf Tree Summer Day Camp? Friend Web Class Trip Other

Please Give Details on Above _____

Emergency Contact Information

REQUIRED SIGNATURES

VERY IMPORTANT • PLEASE READ THIS PAGE CAREFULLY

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

At Wolf Tree Programs, each camper's safety is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional wellbeing. However, as with any other experience, we cannot eliminate all risk from our programs. By signing the following statements you acknowledge that you understand the risks, assume liability for your child's participation, and certify 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 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

STATEMENT OF COMPLETENESS

All of the information on this Participant Application form is confidential and will only be shared with the appropriate Wolf Tree Programs staff. Participants 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 Participants, 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

DAY CAMP HEALTH EXAM/RECORD

CAMPERS AND STAFF MUST SUBMIT THIS FORM BEFORE JUNE 15th

Physical Exams are Valid for 2 Years From Date of Last Examination

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp _____ Departure Date _____

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 () _____

.....
ALL FIELDS MUST BE COMPLETED IN FULL
PLEASE ATTACH PHYSICAL EXAM RECORDS, INCLUDING IMMUNIZATION RECORDS
.....

1. Allergies - List below. Include foods, insects, plants and medications. Describe your child's reactions and any medication required.

2. Does your child have any special dietary requirements? yes no If so, please describe.

3. Height _____ Weight _____

4. Medications your child is currently taking - List the dosage, condition it is for and any side affects experienced. **If your child needs to take any medications at camp, please be sure to complete the authorization for self-administration on pages 5 & 6.**

5. Describe your current physical exercise activity. Include frequency, duration and intensity.

6. Date of your last tetanus booster: _____. Who gave the booster? _____
Their phone number: _____.

- | | | |
|---|-----|-----|
| 7. 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.

8. 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)

GUARDIAN 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 the program.

Parent/Guardian's Signature _____ Date _____

THIS PAGE TO BE COMPLETED BY MEDICAL PRACTITIONER

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's City/Town: _____ ST _____ Zip Code _____

Date of Physical Exam ___/___/___

___ May participate in all camp activities

___ May participate except for: _____

I hereby certify that all medical information presented on the previous pages as well as included physical exam and immunization records are complete and accurate to my knowledge.

Signature of Physician, PA, APRN, RN

Date form signed

Telephone Number

PRESCRIBER'S AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATIONS

Fill out if relevant.

Name of Child _____ Date of Birth ___/___/___ Today's Date ___/___/___

Medication Name _____ Controlled Drug? Yes No

Dosage _____ Method _____ Time of Administration _____

Specific Instructions for Medication Self-Administration

Medication Administration: Start Date ___/___/___ Stop Date ___/___/___

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug: Allergies? Yes No Reactions to? Yes No NO interactions with? Yes No

If "yes" to any of the above, please explain _____

Prescriber's Signature _____

