

Camp Phillip program registration

This form must be filled out and signed by every person, no matter how old, who will be participating in a Camp Phillip program, including low ropes, high ropes, rock climbing or caving (Please see the back side of this form.).

Participant's name _____
Street address _____
City _____ State _____
Zip + 4 _____ Sex _____
Date of birth _____ Weight _____
Phone number _____
Emergency number _____
Name of group _____
Dates of program _____

Consent for medical treatment

The participant listed has my permission to engage in all camp activities except those listed herein. I take responsibility for informing health care staff of any changes in the participant's health condition upon arrival at camp and give them permission to administer routine medications.

Be advised that the participant has the following physical ailment, allergies, recent injuries, emotional or behavioral disorders, heart condition and/or takes the following listed medication:

In the event I cannot be reached in an emergency (camp staff will attempt to contact parent/guardians any time emergency medical care is needed), I hereby give permission to the holder of this form to consent to any medical treatment or hospitalization deemed wise by licensed emergency or medical staff. I also agree to be liable for any and all costs involved in such treatment.

Assumption of responsibilities and risk

While camp staff strive to reduce risks to participants, accidents can and do occur. I understand that there is inherent risk involved in camp activities which is beyond Camp Phillip's control. [In view of the current legal atmosphere, we must inform you that potential accidents in camp programs may include, but may not be limited to: blisters, insect stings, sunburn, sprains, cuts, bruises, dislocations, fractures, concussion, spinal cord damage or even death.] I agree to personally assume such risks.

Release of liability

I release Camp Phillip, and other sponsoring agencies, their employees and volunteers from all liability for any damage, injury or loss which may be sustained en route, during or returning from camp.

I assume full responsibility for the applicant's health being such that camp activities will in no way aggravate any conditions present (if in doubt please seek medical advice).

I give permission for myself/my child to be photographed for use in Camp Phillip's promotional efforts or store sales.

My signature below affirms that I have read this form, I understand the risks described and information presented and I agree to the limitations and conditions stated on this form. The information I have provided is true to the best of my knowledge.

Participant's signature _____
Parent's signature (if applicable) _____
Date _____
Health insurance carrier _____
Health insurance address _____
Policy number _____

<i>Camp Phillip</i>	<i>Phone: (920) 787-3202</i>
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Adventure program information

Part of the responsibility of conscientious leaders is to inform participants of risks involved with an activity. We also want you to understand that we would not undertake these activities unless we were satisfied with our level of leadership and with the standards established by leaders in the field of experiential education. It is not our intent to frighten any participants. It is our intent to make certain that all participants in our adventure programs understand fully the risks inherent to these activities.

We follow established and published safety standards.

The *Association for Experiential Education* and *American Camping Association* have established safety standards for camps and outdoor centers running adventure programs. Camp Phillip follows or exceeds the required safety standards for all areas of our adventure programs.

Our instructors are experienced and well-trained in safety, first aid, risk management and emergency procedures.

The staff working with our adventure programs are experienced members of our full-time and summer staff. They have exhibited exemplary leadership in identifying potential safety hazards and minimizing them. All staff assisting with adventure programs have documented experience in outdoor pursuits. Some have attended week-long rock climbing classes; others are Ropes Course Instructors for Camp Phillip. All have received training in first aid and/or CPR.

Other adventure program staff may have additional training in Lifeguarding, Water Safety Instruction, Community First Aid or as First Responders. Our summer paid staff participate in a week-long training program at the beginning of the summer. Staff are prepared for emergencies and participate in simulated emergencies throughout the summer.

While your leaders are skilled and experienced, they are unable to guarantee total protection from all risks. You must pay close attention to and follow safety rules, take responsibility for avoiding or minimizing risks and develop a questioning attitude.

Low ropes, high ropes, rock climbing and caving participants must sign!

Put your initials next to each statement after you read, understand and accept it. If a minor is attending a program, both the child and parent need to initial next to each line.

_____ I understand that the Adventure program leaders are experienced in the activities, will take required precautions and follow recognized safety standards; however, they cannot guarantee the safety of the participants.

_____ I understand and agree to abide by the following policies which apply to all adventure programs:

- 1) Staff and participants must not possess or consume illegal drugs or alcohol during any portion of an adventure experience.
- 2) Under no circumstances will staff members be forced to accept participants who are considered potential dangers to themselves, the group or the staff.
- 3) Because of the potential danger to themselves or other people, those individuals with a history of heart disease or severe emotional disorders are not allowed to participate in adventure programs. Expectant mothers may not participate in high ropes course, rock climbing or caving activities. They may participate in selected low ropes course activities or initiatives.
- 4) If an activity is deemed unsafe because of weather conditions, participant incompetence or other dangers, staff have the authority to alter or stop the activity. Leaders will strive to provide alternative activities (such as indoor rock climbing or working on the low ropes course). We cannot refund money because of switched or canceled activities due to any of the reasons mentioned above.
- 5) All activities are at the discretion of the staff and with the informed consent and free choice of the individuals participating.

Rock climbing and caving participants must sign!

Put your initials next to each statement after you read, understand and accept it. If a minor is attending a program, both the child and parent need to initial next to each line.

_____ I understand that for some Adventure programs the campers will leave Camp Phillip property and travel by a vehicle driven by a Camp Phillip staff member. I give permission for this to occur.

_____ I understand that rock climbing and caving, like any outdoor sport, have inherent risks. Rock climbing involves physical stamina, exposure to physical and mental exertion, and walking and scrambling over steep terrain. It involves climbing vertical rock faces using ropes and other protective devices for safety. Even experienced, professional climbers have sustained falls which have caused serious injury, paralysis and death. Caving involves climbing on rocks and boulders and in narrow passages. Often, rocks are sharp, wet, slippery or muddy and the possibility of slipping and injury exists. If an injury occurs in a cave, evacuation is often lengthy and difficult. Personal safety cannot be guaranteed.

_____ Rock climbing and caving both require vast amounts of energy and physical mobility. Sore knees, scrapes, bumps and bruises are common. Other more serious injuries may occur.

_____ I understand that the activities will take place in wooded or wilderness-type areas where access to EMS (Emergency Medical Services) and advanced medical care is not readily available. I release from any liability the sponsoring agency, Camp Phillip and its employees and volunteers, in the event of any accident, damages, injuries or losses en route, during or returning from this event.