

Dates: Monday, July 29 - Wednesday, July 31

The Center Summer Camp is going to Expeditions Unlimited in Baraboo, WI departing 8:00 am July 29th and returning July 31st 8:00 pm. The cost to attend this year's camp is \$150 and includes lodging, meals, rock climbing, swimming, canoeing, transportation, and more.

## Full payment and ALL signed forms are due July 11, 2019.

## **Required Signed Forms:**

- 1. Expedition Unlimited: Release of Claims and Waiver of Liability,
- 2. Camp Health Examination Form,
- 3. The Center Liability Release and Parental Consent form
- 4. Allergy Action Plan (only if necessary)

### What to Bring:

Sleeping Bag, Pillow, Bible, journal and Pen, Insect repellant, Sunscreen, sack lunch for Monday, Snacks, Reusable water bottle (labeled), sweatshirt/jacket, 3 changes of clothes, shorts, pants, t-shirts (long pants or longer shorts are recommended for some activities). Modest swimwear (one-piece suit for girls), shoes for outdoor activities and beach towel. Shower towel and toiletries.

**Camp Speaker: Micah Billingsley** 

**Band: Enlivened** 

Camp Location: Expeditions Unlimited Baraboo, WI

(www.expeditionsunlimited.com)

## In Case of Emergency Contact:

Camp Phone: (608)356-4004 Kelly Corcoran (815)474-2569

# **Liability Release and Parental Consent Form**

Parental Consent (complete if applicant is under 18

l,		(parent/guardian)
execute the above liability related the above participant treated illness or injury while particip for such treatment, and that	lease on their behalf. Consent for Tr I by emergency medical personnel, a ating in activities. It is understood T the cost thereof will be at my expens	to participate Country Rd, DL Baraboo WI, 53913, and I reatment, I hereby give my consent to have physician or surgeon, in case of sudden the Center will provide no medical insurance se. I have read and understood the sent form, and agree to all of its terms and
Parent/Guardian:		
Signature	Print Name	
Emergency Contact:		
Phone		
Participant:		
Signature	Print Name	/
Adult Waiver (complete if a	oplicant is Over 18)	
discharge any and all claims f to me as a result of participat officials, officers, employees, perceived negligence on the p activities involve an element	or damages for personal injury, prop tion in said event. This release is inte volunteers and agents from liability, part of persons mentioned above. It of risk or danger of accidents, and kr	nt 18 or older) hereby waive, release, and perty damages or which may hereafter occurnded to discharge in advance The Center, it even though that liability may arise out of is understood that some recreational nowing those risks, I hereby assume those and assumption of risk is to be binding on
Signature	Print Name	Date
Birthdate		
Emergency Contact:	Phone	



### **CAMP HEALTH EXAMINATION FORM**

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

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Last	First	M. Init.				
me of Parents/Guardians						
· spouse):			Phone	:()		_
ome Address:						_
Street		C	ity	State	Zip	
nail Address:						-
nurch:						_
not available in an emergenc	y please notify:					
1				Phone: ()		
Name		Relatio	nship			
2.				Phone: ()_		_
Name		Relatio				
		eck all that apply, giving ap			_	_
Health History	Date	Allergies	Date	Disease		Date
Frequent Ear Infections		Hay Fever		Chicken		
Heart Defect/Disease		Poison Ivy, etc.		Measles		
_ Convulsions		Insect Stings		German	Measles	
_ Diabetes		Penicillin		Mumps		
_ Bleeding/Clotting Disorders ergies (describe reactions/tro		Other Drugs		Asthma		
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edication 2:	Dosage:	(Check all that apply)		other	Reactions:	
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ysician:	RX#:	Route	of Administration	n:	Date:	
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1	IMPORTANT.	MUST RE COMPLETED I	OR ATTENDA	NCE		
rental Authorization. This h		MUST BE COMPLETED I			nission to en	മുമേ

Unlimited staff to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I also give permission to the physician selected by the Expeditions Unlimited staff to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for my child as named above.

Parental Signature:	Date	:
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# Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands and agrees that as to the contemplated trip with Expeditions Unlimited:

- 1. There are unique physical demands and risks involved;
- 2. The activity can be of a dangerous nature which can result in serious and potentially fatal injury;
- 3. That instructions given must be followed for ongoing participation and safety of the applicant; and
- 4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., it's officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

#### Release as to Photographic, Movie and Video Images

The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during the contemplated trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

#### **Applicant Information**

Complete the following information for each member of your household participating in the trip with Expeditions Unlimited.

Applicant's Signature	Date of Birth
Applicant's Signature	Date of Birth
	Date / /
Zij	Applicant's Signature  Applicant's Signature  Applicant's Signature



E11844 County Road DL Baraboo, WI 53913

Telephone (608) 356-4004 Fax (608) 356-4185

Food Allergy Action Plan
Completion of this form is necessary only if participant has a food allergy

Physician:	Phone #:
Emergency Numbers Name:	Phone #:
Name:	Phone #:
PLEASE TELL US WHAT TO DO IN CHECK ALL	
This Occurs:  My Child's allergic reaction includes:  Swelling, itching raised skin rash Generalized body flush, swelling or itching Nausea, abdominal cramps, vomiting and/or diarrhea  Itching and swelling of lips, throat, or tongue causing hoarseness, swallowing difficulty, coughing, wheezing or shortness of breath.  "Thready" pulse, "passing out"  These signs may occur Within a few minutes Within 30 minutes to 2 hours  The severity of symptoms can quickly change. All above symptoms can potentially progress to a lifethreatening situation.	General First Aid  Observe for 30 minutes  Notify Parents  Administer oral medication And Name Dosage  Madminister adrenaline (Epi Pen)  Immediately  If symptoms occur (describe)  Student can self-administer Epi Pen? Yes No  If Epi pen is administered, an ambulance, then parents will be notified
** Please Note: Expeditions Unlimited cannot provide couple of additional options, as well as inform st  Please return this form 2 weeks  If returned later than 2 weeks addit	udents of the ingredients found in prepared food.  s prior to scheduled arrival date.