Camp 2020

Dates: Monday, August 3 - Wednesday, August 5

The Center Summer Camp is going to Expeditions Unlimited in Baraboo, WI departing 8:00 am August 3rd and returning August 5th 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 9, 2020.

Required Signed Forms:

1. The Center Liability Release and Parental Consent form,
2. The Center COVID-19 Waiver
3. Expedition Camp Health Examination Form,
4. Expedition Unlimited: Release of Claims and Waiver of Liability,
5. Expedition Unlimited: COVID-19 Waiver
6. 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

I,____(parent/guardian) give consent for my child,____to participate in all activities August 3rd - 5th at Expeditions Unlimited, E11844 Country Rd, DL Baraboo WI, 53913, and I execute the above liability release on their behalf. Consent for Treatment, I hereby give my consent to have the above participant treated by emergency medical personnel, a physician or surgeon, in case of sudden illness or injury while participating in activities. It is understood The Center will provide no medical insurance for such treatment, and that the cost thereof will be at my expense. I have read and understood the foregoing registration liability release and parental/guardian consent form, and agree to all of its terms and conditions.

Parent/Guardian:

_____________________________ ______________________ ________/____/______

Signature Print Name Date

Emergency Contact: ____

Phone____

Participant:

_____________________________ ______________________ ________/____/______

Signature Print Name Date

Adult Waiver (complete if applicant is Over 18)

I____(participant 18 or older) hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance The Center, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

_____________________________ ______________________ ________/____/______

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

Name:_______________________________________**Birth date:**__________**Gender: M:**___**F:**___**Age:**_____
Last First M. Init.

Name of Parents/Guardians (or spouse):____**Phone:**(_____)_______________

Home Address:____
Street City State Zip

Email Address:____

Church:____

If not available in an emergency please notify:

1. ____Phone: (___)____________
Name Relationship
2. ____Phone: (___)____________
Name Relationship

Check all that apply, giving approximate dates

Health History	Date	Allergies	Date	Diseases	Date
_____Frequent Ear Infections	________	_____Hay Fever	________	_____Chicken Pox	________
_____Heart Defect/Disease	________	_____Poison Ivy, etc.	________	_____Measles	________
_____Convulsions	________	_____Insect Stings	________	_____German Measles	________
_____Diabetes	________	_____Penicillin	________	_____Mumps	________
_____Bleeding/Clotting Disorders	________	_____Other Drugs	________	_____Asthma	________

Allergies (describe reactions/treatment):
____

Operations or serious injuries and dates:
____

Chronic or recurring illnesses:
____

Dentist/Orthodontist:____Phone: (____)_____________
Family Doctor:____Phone: (____)_____________
Medical/Health Insurance Company:_______________________________**Policy or Group #:**_______________

IMPORTANT: *Please notify us if this individual is exposed to any communicable disease during the three weeks prior to attending.*

Medications: ***All medications must be in original pill bottles!***

Medication 1: Dosage: Administer at: ☐ breakfast ☐ lunch (Check all that apply) ☐dinner ☐ bed ☐ other Reactions:
____

Physician: RX#: Route of Administration: Date:
____

Medication 2: Dosage: Administer at: ☐breakfast ☐ lunch (Check all that apply) ☐dinner ☐ bed ☐ other Reactions:
____

Physician: RX#: Route of Administration: Date:
____

(If more medications are necessary please use the back of this form)

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

Parental Authorization. This health history is correct so far as I know, and the person described herein has permission to engage in all prescribed activities. In the event of an emergency, I hereby give permission to the physician selected by the Expeditions 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:**____________________

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.

____
Name(s)

____
Address

____
City State Zip

____
Applicant's Signature Date of Birth

____
Applicant's Signature Date of Birth

____
Applicant's Signature Date of Birth

____
Applicant's Signature Date of Birth

____
Applicant's Signature Date of Birth

Parent or Guardian Signature______________________________Date____/____/_____

*Required if applicant is under 18 years of age

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*

Name: ____

Allergy To: ☐ Dairy ☐ Wheat ☐ Eggs ☐ Peanuts ☐ Tree Nuts ☐ Other: (Please list)

____

Physician:______________________________ Phone #:______________________

Emergency Numbers
Name:______________________________ Phone #: ______________________

Name:______________________________ Phone #: ______________________

PLEASE TELL US WHAT TO DO IN CASE OF AN ALLERGIC REACTION
CHECK ALL THAT APPLY

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 life-threatening situation.

General First Aid

- Observe for 30 minutes
- Notify Parents
- ☐ Administer oral medication And
  Name ____________ ____________
  Dosage ____________ ____________
- ☐ Administer 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 specialized meals for participants but we can provide a couple of additional options, as well as inform students of the ingredients found in prepared food.*

Please return this form **2 weeks** prior to scheduled arrival date.
If returned later than **2 weeks** additional options may not be available.

Comments regarding other accommodations: ______________________________
____

Parental Signature:______________________________ Date: ______________