



Upham Woods Outdoor Learning Center
Open Enrollment Camp
REGISTRATION FORM

Please select which session you are registering for:

Camp Session 1:
JUNE 15-18, 2018

Camp Session 2:
JULY 20-23, 2018

Camp Session 3:
AUGUST 5-11, 2018

Participant Name _____ Grade (as of 01/01/18) _____ Age (as of 01/01/18) _____

Address _____ City _____ State _____ County _____

Email (Confirmation and camp logistics will be sent by email only) _____

Name of Parent/Guardian: _____ Address of Parent/Guardian _____

Parent/Guardian #1 Phone _____ Parent/Guardian #2 Phone _____

Special Dietary request or restriction: _____

Roommate request: _____

Please select T-Shirt size:

YOUTH size ___Sm ___Med ___Lg ___XL or ADULT size ___Sm ___Med ___Lg ___XL

For demographic tracking purposes, please supply the information below:

Race: Asian Black or African American Native Hawaiian/Other Pacific Islander White
 More than one race Undetermined

Ethnicity: Hispanic Non-Hispanic

Gender: Male Female

Residence: Farm Rural (under 10,000) Town (1,000-50,000) Suburb of cities (>50,000) Central city (>50,000)

Signature of Parent/Guardian

Date



Youth Expectation Agreement

Dear Parent and Youth:

Upham Woods Outdoor Learning Center provides a positive learning experience for youth. Their health, welfare and positive development is our most important consideration.

Because youth represent a large number of families from a wide variety of backgrounds and family customs, we want to be sure that we have common expectations. Parent or guardian and youth are to read and discuss the following expectations:

1. Youth should be responsible and sufficiently mature to conduct themselves at all times in an appropriate manner. Youth are expected to respect the rights of others to hear speakers and others during the programs.
2. Youth are to participate in the scheduled activities related to their staff positions while at the camp experience.
3. Youth will abide by the safety and behavior guidelines of Upham Woods Outdoor Learning Center and their school or group.
4. Youth will accept that responsible behavior includes no possession or use of alcohol, tobacco and nonprescription drugs and weapons before, during or after this camp experience.
5. Youth will not leave Upham Woods without consulting the teacher or leader in charge.
6. Youth will abide by the camp policy that no food/candy, cell phones and radios/music players be brought to camp.
7. Youth will refrain from participating in initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.

I agree to meet these expectations.

Youth Signature

Date

I understand and agree with the camp guidelines that my son/daughter/ward has agreed to. If the agreements are broken, I understand that it is my responsibility as a parent to provide transportation home for my son/daughter/ward.

Signature of Parent/Legal Guardian

Date

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in recreational activities at the University of Wisconsin – Extension.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT Justin Hougham, Upham Woods Director, AT TELEPHONE NUMBER 608-254-6461.

Assumption of Risks:

I understand that physical activity related to programming at Upham Woods Outdoor Learning Center, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I KNOW, UNDERSTAND, AND APPRECIATE THE RISKS THAT ARE INHERENT IN THE ABOVE-LISTED PROGRAMS AND ACTIVITIES. I HEREBY ASSERT THAT MY PARTICIPATION IS VOLUNTARY AND THAT I KNOWINGLY ASSUME ALL SUCH RISKS.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in programming at Upham Woods Outdoor Learning Center, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin - Extension, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin - Extension, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence.

**I UNDERSTAND THAT BY AGREEING TO THIS CLAUSE I AM
RELEASING CLAIMS AND GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO
SUE.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ **Date:** _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin - Extension and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. **I AGREE TO BE RESPONSIBLE FOR ALL NECESSARY CHARGES INCURRED BY ANY HOSPITALIZATION OR TREATMENT RENDERED PURSUANT TO THIS AUTHORIZATION.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian
(if Participant is Under 18): _____ **Date:** _____



PHOTO RELEASE PERMISSION FORM

___ I grant permission to the University of Wisconsin-Extension to use my photo and comments in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

___ I grant permission to the University of Wisconsin-Extension to use the photo and comments of my minor child, (name) _____, in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

Print Name: _____ Date _____

Address: _____

Phone: _____

Signature: _____

Please sign and return this form to: Upham Woods Outdoor Learning Center, N194 County Rd N, Wisconsin Dells, WI 53965, 608-254-6461.

University of Wisconsin – Extension 2017 Youth Event Health Form

Event Name: _____

Dates: _____

Youth Name: _____ Birth date ____/____/____ Age on 1st day of event _____ Sex: Male Female

Custodial Parent/Guardian (or spouse) _____ E-mail address: _____

Phone Numbers: Home (____) ____ - ____ Work (____) ____ - ____ Cell phone (____) ____ - ____

Home address: _____
Street City State Zip

Second parent/guardian and/or emergency contact: _____ Phone: Home (____) ____ - ____
 Work (____) ____ - ____

Address: _____
Street City State Zip

Yes	No	Health Conditions (check)	Yes	No	Allergies (check) List specifics
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Insect stings
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Foods
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Medications
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive/Developmental	<input type="checkbox"/>	<input type="checkbox"/>	Do any allergies require an EPIPEN injection?
<input type="checkbox"/>	<input type="checkbox"/>	Any dizziness, light-headedness or fainting associated with exercise within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is insulin required and carried by youth?
<input type="checkbox"/>	<input type="checkbox"/>	Any unexplained, rapid or irregular heart beat within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Is an inhaler required and carried by youth?
<input type="checkbox"/>	<input type="checkbox"/>	A physician has sometime denied or restricted participation in sports due to a heart problem.	Date of last Tetanus booster: (mm/dd/yy)		

Name of Insurance Co.: _____ Policy #: _____

Medications camper will be taking during event/camp:

Medication #1	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

 List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

UW - Extension
Youth Event Health Form (Continued)

Participant Name: _____

Parent/Guardian Signature: _____

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Medication #4	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.

Acetaminophen (Tylenol): Yes No

Hydrocortisone (anti-itch) cream: Yes No

Benadryl: Yes No

Ibuprofen: Yes No


CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	No medication(s) has been brought to event/camp.	
<input type="checkbox"/>	<input type="checkbox"/>	Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.	
<input type="checkbox"/>	<input type="checkbox"/>	Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.	

If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin –Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

This is the approved health form for 4-H events and camps.