



Camp Teen Angel Registration

PARENTAL CONSENT AND MEDICAL AUTHORIZATION

ALL INFORMATION SUBMITTED TO ANGEL ON MY SHOULDER WILL BE HELD CONFIDENTIAL.

Parents and legal guardians of minor children are asked to complete this form and email it to: info@angelonmysoulder.org or print and mail to Angel On My Shoulder, P.O. Box 747, St. Germain, WI 54558.


 **Include a recent picture of your child**

GENERAL INFORMATION

The following information is necessary to provide for the safety of your child during camp activities.

Camper's Last Name	Camper's First Name	Camper's Nickname
Age At Camp	Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Camper's Street Address		City / State/ Zip
Camper's Cell	Camper's Email	T-shirt Size: Adult Unisex: <input type="checkbox"/> Small <input type="checkbox"/> Med <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> Other, specify:
Mother's Name	Father's Name	
Mother's Street Address <input type="checkbox"/> Same as Camper	Father's Street Address <input type="checkbox"/> Same as Camper	Home Phone
City/State/Zip	City/State/Zip	Parent's Email
Mother's Cell Phone	Father's Cell Phone	Parent's Email
Mother's Work Phone	Father's Work Phone	Can you receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION

 **Please include a photocopy of you child's health insurance card**

Camper's Doctor	Phone
Doctor's Address	
Health Insurance Carrier	Policy Number
Camper's Dentist	Phone
Dentist's Address	
Dental Insurance Carrier	Policy Number

EMERGENCY CONTACT (other than yourself) If we cannot reach you, list someone who knows where you can be reached before, during and following camp

Emergency Contact Name	Relationship to Child	
Emergency Contact Address		
Emergency Contact Phone 1	Emergency Contact Phone 2	Emergency Contact Phone 3

WHY WOULD YOU LIKE YOUR CHILD TO COME TO CAMP? Include your child's relationship with the person with cancer and how this affects him/her.

FOOD RESTRICTIONS

Please inform us of any dietary restrictions PRIOR TO CAMP

Please describe any PHYSICAL LIMITATIONS that might prevent your child from participating in camp activities (water activities, running, etc.):

MEDICAL TREATMENT AUTHORIZATION:

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. ***I understand that Angel On My Shoulder will not be responsible for medical expenses, but that such expenses will be my responsibility as parent/guardian.*** I agree to notify the Camp: (a) in the event of any health changes which would restrict my child's participation in any normal youth or children's activities; (b) in the event of any changes in medical coverage, i.e. family doctor, insurance carrier, etc.

X Signature of Parent/Guardian _____ Date _____

CONSENT AND CERTIFICATION:

I, the undersigned, being the parent or legal guardian of _____ (hereinafter referred to as the "child"), do hereby consent to the participation of my child in all activities of the camp group at Camp Teen Angel during the camp scheduled for _____, which may include*: field trips, campouts, swimming, ropes course, horseback riding, watercraft rides, boating, hiking, cross country skiing, snowshoeing, archery, fishing, climbing wall, sporting events, and any other activities customarily associated with a camp group.

Further, I certify that my child is physically fit to participate in such events, except as noted * below. I accept there are risks associated with participation in this camp, including the possibility of injury, death, illness or property damage. Understanding the risks of the foregoing and in consideration of you accepting my child for Camp Teen Angel, I, or anyone entitled to act on my behalf, hereby release and discharge Camp Teen Angel officials, Angel On My Shoulder, Ltd, associated volunteers, and all other sponsors of Camp Teen Angel, their agents, representatives, employees, officers, directors, and successors from all claims or liabilities of any kind or nature resulting from, or arising out of, or incident to my child's participation in Camp Teen Angel.

I agree that Angel On My Shoulder shall be the exclusive owner of all rights in any images (defined as all photographs, videos, recordings or other media) taken of me in connection with Angel On My Shoulder. I hereby give Angel On My Shoulder permission to use, alter and/or license the images for any lawful purpose. I grant this release with no expectation of payment and acknowledge that my inclusion in Angel On My Shoulder activities constitutes sufficient consideration. I agree to make no claim against Angel On My Shoulder and to indemnify and hold Angel On My Shoulder harmless from any and all claims that I may have related to the images. I agree that the authorization and release is irrevocable, worldwide and perpetual, and will be governed by the laws of the State of Wisconsin. I represent and warrant that I am at least 18 years of age and have the full legal capacity to execute this release. If this authorization and release pertains to a minor, the parent or guardian signing below represents and warrants that he/she has the full legal authority to enter into this authorization and release on behalf of the minor.

* Restrictions On Participation: _____

X Signature of Parent/Guardian _____ Date _____

The camper will only be released to (must be filled in before camp – please list who may pick up your child):

_____ Relationship: _____

Any other information that may be helpful to Camp Staff: _____

Camp activities are based on age of campers and time of year. *All activities are not offered at all camps.
 Camp Teen Angel is geared to teens ages 13 to 15 years.
 Camp Teen Angel is presented by Angel On My Shoulder.

➡ PLEASE NOTE: If for some reason your child is unable to attend camp, please call us as soon as possible. If time permits, another child may be able to join us. If it is last minute, we need to know so the bus can stay on schedule. It takes valuable time for our bus chaperone to track down someone to confirm the camper is not attending.



HEALTH HISTORY/MEDICATION REQUEST FORM

Please complete the following information for your child.

Child's Last Name	Child's First Name	Middle Initial
ALLERGIES: Medication	Food	Other:

PRESCRIPTION MEDICATIONS must be in the original containers from the pharmacy, (include prescription number, and physicians name). Please list all medications including non-prescription:

Medication Name	Dosage	Time(s) to be given	Special Instructions
Medication Name	Dosage	Time(s) to be given	Special Instructions
Medication Name	Dosage	Time(s) to be given	Special Instructions
Medication Name	Dosage	Time(s) to be given	Special Instructions
Medication Name	Dosage	Time(s) to be given	Special Instructions

NON-PRESCRIPTION MEDICATIONS (Include cough medications, vitamins and supplements (including herbal supplements):

Medication Name	Dosage	Time(s) to be given	Special Instructions
Medication Name	Dosage	Time(s) to be given	Special Instructions
Medication Name	Dosage	Time(s) to be given	Special Instructions
Medication Name	Dosage	Time(s) to be given	Special Instructions

HEALTH HISTORY: Illnesses: This child has had the following (place an X) and explain below:

- | | | | | |
|------------------------------------|--------------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart | <input type="checkbox"/> Kidney | <input type="checkbox"/> Seizures/convulsions | <input type="checkbox"/> Menstrual Difficulties |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding disorders (such as hemophilia) | |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation | <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Insect Bite Reactions |

Explain any of the above:

Date of Last Tetanus Booster	Any other things we should know about?
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Parent/Legal Guardian Signature	Date Signed:
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Date Reviewed
Office Use Only

PLEASE NOTE: Camp Teen Angel is for healthy kids affected by cancer. We do not have the ability to handle all medical and emotional conditions. Final acceptance into camp shall be determined after thorough review of expected, medical, emotional and behavioral condition at the time of session.



A PROGRAM OF



Camp Teen Angel

CAMPER EXPECTATIONS

In order for Camp to be safe, fun and enjoyable for everyone, there are expectations of how campers behave in our community. At Camp we expect that everyone, contributes to an emotionally safe environment, contributes to a physically safe environment and respects camp facilities and equipment. To further illustrate our expectations of our camper(s) we have provided a list below.

Contributes to an emotionally safe environment

- Each camper must treat everyone else at camp with respect and consideration.
- Camp will not tolerate intimidation, verbal or physical abuse, or destruction of property.
- Cussing, swearing and foul language is not necessary or acceptable at camp.
- Physical, sexual or suggestive behavior is not appropriate or acceptable at camp.
- Camp is an experience in group living. In order for the camp to run safely and successfully, everyone must cooperate by following camp rules.

Contributes to a physically safe environment

- Cooperate and help out with daily chores (cabin clean-up, activity clean-up, cooking on overnights, packing and unloading).
- Alcoholic beverages, illegal drugs, smoking or tobacco products are not allowed at camp.
- Guns, knives, sling shots, fireworks or any other kinds of weapons are not allowed at camp.

Respects camp facilities and equipment

- Camp equipment is used appropriately.
- Drawing or writing on camp facilities such as bunk beds, carpet, and bathroom walls is unacceptable.

Personal affects and liability

- We ask that modest clothing and bathing suits are worn while at camp.
- ➔ Please do not send expensive items and clothing to camp, which can be damaged, lost or stolen. **We recommend that all items be labeled and identified with the camper's name.** Campers will be busy all day, so such items are not necessary, and are often misplaced. **AOMS is not responsible for any lost, stolen or damaged items.**
- **Cell phones are not banned, but we have guidelines.** Cell phones are a huge aspect of teenagers' lives. We understand the value and importance of staying connected in their world, but also express a sincere need for respect. Do not take or post unflattering, inappropriate or unwanted pictures or comments. Cell phones should not be used during any of our group activities. There is plenty of "down time" in our schedules if you must check your phone. Beyond that, part of what makes camp a special experience is the bonding that goes on among campers when they're cut off from the outside world. Camper's who don't text their friends at home are more likely to make lasting friendships with other campers. And please remember, **we are not responsible for lost or damaged phones.**

➔ **If at any time during camp these expectations are broken or the Camp Directors feel that a camper's behavior takes away from a positive camping experience, the parent(s) or guardian will be notified and will be required to pick up their child from camp immediately at their own expense.**

We have read, discussed and understand the camper expectations.

Camper's signature: _____ Date _____

Parent/Guardian signature: _____ Date _____



CAMP TEEN ANGEL

A PROGRAM OF



Angel On My Shoulder™

CAMP TEEN ANGEL AND RELATED ACTIVITIES

WAIVER AND RELEASE OF CLAIMS

By signing below, the undersigned expressly agrees and understands that he/she is participating in all camp activities at his/her own risk: **including, but not limited to: pirate adventure, water sports, horseback riding, ropes challenge course; indoor games and activities, outdoor games and activities.**

The undersigned recognizes that all recreational activities have a certain degree of risk. The undersigned also understand these risks may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis or even death. The undersigned understands the possibility of serious injury may impair his/her future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions regarding techniques, training and other rules, and the undersigned agrees to obey such instructions.

The undersigned further agrees to hold *Angel On My Shoulder*, its employees, volunteers and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned's participation in such activities and use of the recreational facilities and equipment.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Signature _____ Date _____

Printed _____

Having read the above warning and having understood the dangers and potential risks involved in participating in the foregoing recreational activities, I give my consent as the parent/legal guardian of

Name of Camper _____

to participate in the above-mentioned recreational activities. I understand that since *Angel On My Shoulder* does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold *Angel On My Shoulder*, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child's participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

Signature of Parent(s) or Guardian(s):

Signature _____ Date _____

Printed _____



A PROGRAM OF



Camp Manito-wish YMCA Leadership Program

Understanding of Risks, Acceptance of Responsibilities

(to be signed by participant and parent/guardian, where appropriate)

Name _____ Group _____

Address _____ Age _____ (if under 18)

Address _____

City _____ State _____ Zip _____

Please read the following statements carefully. Then **date and sign** this form on the bottom indicating that you have read and understand this document. Participants under the age of 18 must have a parent or guardian signature.

- I accept the fact that, while the program leaders are skilled and experienced, they cannot guarantee my total safety since some risks are beyond their control. I understand that I will be exposed to risks of nature and to elements over which neither Camp Manito-wish YMCA nor its employees have any control.
- I agree to follow all instructions and guidelines given by the Camp Manito-wish YMCA staff, and to act in a safe and responsible manner toward all participants.
- I will not use equipment or be present on the ropes course or any body of water without Camp Manito-wish YMCA staff present.
- I agree to notify **my group leader** of any changes in my health and fitness which may occur during programming.
- I fully comprehend and willingly assume responsibilities and risks of participating in this program, as explained to me by the **group leader and the** Camp Manito-wish staff.
- I give and grant Camp Manito-wish YMCA permission to use pictures of myself for promotional purposes. Professional and candid photographs and video of participants may be taken at camp and on the trail. These photos may be used for publication in promotional materials including the Camp Manito-wish YMCA website. Please let us know, in writing, if you have any objections. Participants may submit photographs for possible inclusion.
- **I understand that I am responsible to my group leader to share any needed medical information as requested for participation in the program.**

Participant Signature: _____

***Participants under age 18 must have parent/guardian signature.

Parent (Guardian) Signature: _____

Date: _____

HOLIDAY ACRES RIDING STABLE

7994 HWY. 51 SOUTH, MINOCQUA, WI 54548

(715) 356-4400

WAIVER BY RIDER - ALL RIDES - WALK AND TROT

- I apply to ride horses provided by Holiday Acres.
- I understand that horseback riding will expose me to above normal risks. These risks include loss of control, collisions, obstacles, variations in terrain and unexpected actions of the horses.
- I represent that I have no health or physical problem that will interfere with horseback riding.
- I agree that I am responsible for my own safety.
- I agree to assume and accept the dangers that inhere in the activity of horseback riding.
- I agree that Holiday Acres and their employees or agents, will not be liable if I suffer personal injury or death, except if caused by their gross negligence or willful or unwonted misconduct.
- I agree that if Holiday Acres or their employees or agents are sued by anyone else because of claimed conduct of myself, I will indemnify Holiday Acres Riding Stables for all damages and costs.

NOTICE: A person who is engaged for compensation in the rental of equine equipment or tack or in the instruction of a person in riding or driving of an equine or in being a passenger upon the equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.

I have read this agreement before signing it.

Any injuries to person or property must be reported immediately to office.

Name of Camper _____

Address _____

City/State/Zip _____

Signature of Parent(s) or Guardian(s):

Signature _____

Date _____

Printed _____

Signature _____

Date _____

Printed _____

*This waiver is for Horseback Riding at Holiday Acres in conjunction with
Angel On My Shoulder's Camp Teen.*