

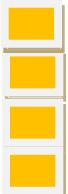


Crex Meadows Youth Conservation Camp

Camper Application Form

Please check your preferred session

- | | | |
|-------------------------------|---|-------------------------------|
| <u>1st Session</u> | <u>Sunday, June 10th – Friday, June 22nd</u> | <u>Returning Campers ONLY</u> |
| <u>2nd Session</u> | <u>Sunday, June 24th – Friday, July 6th</u> | |
| <u>3rd Session</u> | <u>Sunday, July 8th – Friday, July 20th</u> | |
| <u>4th Session</u> | <u>Sunday, July 22nd – Friday, August 3rd</u> | |



Name _____
Last _____ First _____ M.I. _____

Date of Birth _____ Age _____ Gender _____

Expected Graduation Year _____ Current Grade Level _____ School Attending _____

Shoe Size (work boots) _____ Shirt size _____ Social Security Number _____ / _____ / _____

Home Phone (_____) _____ Cell Phone (_____) _____

Home Address _____

City _____ State _____ Zip _____

Parent/Guardian Names _____

Home Phone (_____) _____ Work Phone (_____) _____ Ext. _____

Emergency Contact _____ Phone _____

Address _____ City/State _____ Zip _____

Relationship _____

Why would you like to attend camp this summer? _____

List any community and/or extracurricular activities you are involved in: _____

All NEW applicants must participate in a job interview.

We will contact you or your school to arrange a time.

Returning campers do not need to complete this page

If you **DO NOT** live in the following counties in northwest WI: Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Sawyer, Taylor and Washburn **OR** believe you are not eligible for CEP, Inc. services, you DO NOT need to complete the rest of this page.

A completed application and a check or purchase order in the amount of \$1,500.00 must be received four weeks prior to the start of the preferred session. Copy of participant's Social Security Card and Birth Certificate must accompany application.

Camp Sponsorship Eligibility

To attend camp at no cost you must complete the following information and live in one of the following counties in northwest WI: Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk, Sawyer, Taylor or Washburn.

Do you have an Individual Education Plan (IEP) in school?	Yes _____	No _____
Are you a Foster Child receiving government support?	Yes _____	No _____
Do you have any Disabilities ?	Yes _____	No _____
Does your family receive any public assistance ? (i.e. SSI, TANF, etc.)	Yes _____	No _____
Does your family receive Food Share assistance?	Yes _____	No _____

Family Member's Names	Relationship	Age	Income Source (wages/SSI/pension/etc.)	One Month Income	Last 6 Months Income	Staff Use Only Includable Last 6 Mo. Income
Family Member Name	Relationship	Age	Income Source (Wages/SSI)	1 month income	6 month income	Staff use only
Did all of the people listed above live with you the entire 6 months.....				Total 6 Month Income =		
				Total Applicable Number in Family		
If you had no income in the last six months, how were you supported?						

Work History

Employer Name, Address & Phone #	Job Title	Start Date	End Date	Hourly Wage	Weekly Hours	Reason For Leaving

Read the following statements and sign on the line below: (If you are under 18, your parent/guardian must also sign).

- I certify that the information in this application (including income) is true to the best of my knowledge.
- I understand that the information may be checked and that I may have to show documents to support it.
- I realize that services will be terminated if I am found to be ineligible after enrollment.
- I am aware that I may be prosecuted for fraud/or perjury if I deliberately give false information.
- I agree to allow release of information on this form for any verification check that is necessary.

Applicant's Signature

Date

Parent/Guardian/Responsible Adult Signature

Date



Crex Meadows Youth Conservation Camp

RULES OF CONDUCT AND AGREEMENT TO PARTICIPATE

The safety and well being of each participant is of paramount importance to the staff of the Crex Meadows Camp. We follow rigorous safety procedures and adhere to the concept of “challenge by choice” to create a safe learning environment for all campers. However, all risk cannot be totally eliminated. The following Rules of Conduct and Agreement to Participate are both a requirement of insurance and an important reminder to you as parent(s), guardian(s), and participant to be sure that you and your minor child are aware of the inherent hazards of participation in outdoor activities.

RULES OF CONDUCT

1. The participant will attend to and follow the directions of the camp staff and activity facilitators.
2. The participant will bring any physical or emotional safety concerns immediately to the attention of the camp staff /activity facilitators.
3. The participant will avoid behavior that could be harmful to self, others, or property.
4. The participant will refrain from engaging in activities if he or she does not fully understand the activity instructions or the possible consequences of the risk involved in the activity. In addition, the participant will seek out clarification from the staff/activity facilitators before continuing with the activity.
5. The participant will follow all rules as listed in the camper handbook.

AGREEMENT TO PARTICIPATE

Participating in Crex Meadows Conservation Camp requires the camper to be outdoors most of the time or engaged in outdoor adventure activities. Consequently, the participating camper might be exposed to certain objective risks due to unpredictable weather conditions and natural or human hazards.

The following is a representative listing of the potential hazards and potential resulting injuries inherent to being out of doors. This is not intended to be a complete listing as other hazards and injuries are certainly a possibility.

- Physical limitation due to environmental hazards that can cause hypothermia, hyperthermia, immersion foot, and severe sunburn.
- Head, neck, and spinal injuries which may result in complete or partial paralysis and/or brain damage due to a fall from a height, moving water, or other forces.
- Injury caused by falls or encounters with trauma-producing objects found in camp, nature, in and around vehicles, or elsewhere even while engaged in seemingly mundane, non-threatening activities.
- Brain injury / disability due to drowning
- Injury caused by burns resulting from being struck by lightning, or contact with flames from a camp stove, camp or forest fire.
- Injury or physical impairment caused by an accident while being transported in rental or personal vehicles of any type or while loading or unloading the vehicle or trailer. Illness due to injection of venom, rabies virus, Lyme disease, or other diseases that can cause life threatening illness and/or anaphylactic or other allergic reactions by virtue of being bitten by insects or animals or exposure to plants.

- Injury due to hunting related accidents particularly since some of our field activities occur, of necessity, during various hunting seasons.
- Illness due to systemic infection caused by cuts, lacerations, punctures, avulsion, amputation, fractures, internal bleeding, and other soft tissue or related musculoskeletal injuries.
- Illness due to unanticipated exacerbation of underlying medical conditions such as but no limited to diabetes or epilepsy.
- Injury to any bones, joints, ligaments, muscles, tendons, and other components of the musculoskeletal system due to overuse or traumatic injury.
- Illness due to communicable diseases such as cold/flu virus, hepatitis, HIV, etc.
- Injury or infection of eyes, ears, and other vulnerable tissues.
- Illness or injury resulting from being lost and separated from the group.
- Injuries may also result from conditions and situations that cannot reasonably be anticipated, planned for, or prevented which are referred to as “Acts of God”.

The participant and his or her parent(s) / guardian(s) must understand that any injuries and/or illnesses sustained during the camp period may be serious and/or perhaps permanent. The participant and his or her parent(s) / guardian(s) must also understand that any of the hazards mentioned above can ultimately lead to death. To minimize this risk, the camp staff needs to be aware of any existing physical, mental, or emotional conditions the camper may have that could in any negative way affect, or be affected by, participation in the activity.

By signing this form, you are stating that the participant and his or her parent(s) / guardian(s) have either informed the camp director, in writing, of any existing physical, mental, or emotional condition that could negatively affect or be affected by participation or have none to report. It also signifies that the participant and his or her parent(s) / guardian(s) are: 1) aware of and understand the rules of conduct and potential hazards inherent to the activity, 2) the minor chooses to voluntarily participate, 3) his or her parent(s) / guardian(s) are allowing the minors' participation in the activity with full consent and awareness.

Participant Name _____
 (Please print)

Participant Signature _____ Date _____

Parent(s) / Guardian(s) Names _____
 (Please print)

Signatures of parent(s) or legal guardian(s) are required to authorize the Agreement to Participate Form

Parent / Guardian Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

STATEMENT OF RELEASE

I **do/ do not** (please circle one) give permission for images and audio of _____ (camper's name), captured during Crex Meadows Youth Camp activities through video, photo and audio recorders, to be used and distributed for publication as deemed appropriate, without any limitation in space or time, and waive any rights of compensation or ownership thereto.

Parent / Guardian Signature _____ Date _____

MEDICAL HISTORY FORM

Camper Name: _____ Date of Birth: _____ Male Female Session# _____

In an emergency, we will contact a “Next of Kin”

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Who can we call if “Next of Kin” cannot be reached?

Name: _____ Relationship: _____

Home #: _____ Work #: _____

Please COMPLETELY fill out the following form by checking yes or no and elaborating when necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you diabetic or have experienced symptoms related to having low blood sugar? If yes, please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have asthma or have experienced any asthmatic episodes in the past? If yes, do you have an inhaler or other medication to counteract asthmatic symptoms? If yes, please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have epilepsy or are subject to seizures? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you or have you experienced frequent dizziness or are prone to fainting? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any allergies (environmental, medical or food)? If yes, please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you experience frequent nausea or vomiting? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had an acute illness, injury, or surgery within the last three months? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you experience any emotional disorders such as depression, schizophrenia or phobias such as strong fear of confined places, open areas or heights? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a panic disorder or have experienced panic or anxiety attacks? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever suffered from environmental injuries such as hyperthermia, hypothermia, frostbite, or immersion (trench) foot? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had a reaction to bee stings or insect bites? If yes, do you carry medication to counteract it? (epi pen/anaphylaxis kit) Please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any other medical conditions of which we should be aware? Please explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your activity restricted in any way? If yes, explain:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently taking any medication? (prescription or non prescription, vitamins included) IF YES, COMPLETE THE ATTACHED FORM!!!
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Do you give Crex Meadows Youth Conservation staff permission to administer first aid to you in the event of an emergency?</i>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Do you give the staff of an accredited hospital, medical center, clinic or similar institution to administer emergency treatment to you in the event of an emergency?</i>

MEDICAL HISTORY FORM

Check any of the following conditions that you have/had:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cancer/Tumor | <input type="checkbox"/> Appendectomy |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> X-ray Dye | <input type="checkbox"/> Polio | <input type="checkbox"/> Tonsillectomy |

Other? _____

Who is your family physician?

Name: _____ Clinic/Hospital: _____

Phone: (____) _____

Address: _____

Who is your medical insurance carrier?

*****Please attach a copy of the insurance card to this form!*****

Company Name: _____

Policy Number: _____

Phone: _____

THE FOLLOWING ARE STANDARD ORDERS FOR SIMPLE MEDICINES AVAILABLE AT CAMP:

Tylenol(Acetaminophen) /Advil(Ibuprophen) for headaches and/or muscle discomfort
Milk of Magnesia 1-2 oz. As needed for constipation
Robitussin DM (or generic equivalent) 2 Tsp. Every four hours as needed for cough
Sudafed 1-2 tablets according to box directions for congestion
Chloraseptic Spray 2-4 for a sore or irritated throat
Calamine lotion, Benadryl, Hydrocortisone or Lotrinin cream for rashes or irritated skin
Immodium as directed on label for diarrhea
Hydrogen peroxide and antibiotic ointment for cleaning minor skin wounds
Sunscreen (factor 15-30)
Aloe vera gel to soothe minor skin irritations
Bug Repellent

As parent/ guardian of _____(camper's name), I give permission to the camp medical staff to utilize the medications listed above for my camper.

Signature of parent/legal guardian _____

Immunization History				
Diphtheria, Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
Polio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
MMR (measles, mumps, Rubella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	
TB Skin Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	

AGREEMENT AND CONSENT FOR MEDICAL TREATMENT

*****MUST be completed for Camper Participation*****

Parent/Guardian Authorizations

This health history is true and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications in accordance with the quantity and dosage noted on this form as well as the Prescription Medicine Instruction form, and to seek emergency treatment including ordering x-ray or routine tests. I agree to the release of any records for insurance purposes. I give my permission to the camp to arrange for necessary transportation for me/my child

In the event I cannot be reached in an emergency, I hereby authorize the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp

X _____
Signature of participant

X _____
Signature of Parent/Guardian

RELEASE OF LIABILITY

*****Read carefully before signing*****

The undersigned assumes all responsibilities for and all risk of damage or injury that may occur to the undersigned as a participant at the Crex Meadows Conservation Camp while participating in activities or using camp equipment or facilities or following staff instructions. In consideration of being accepted as a participant, the undersigned hereby releases and discharges Crex Meadows Conservation Camp, its staff, administrators, and employees from all claims, demands, rights of causes of action, present or future, whether known, anticipated, or unanticipated, and resulting from or arising out of, or incident to, the undersigned's participation in the above stated camp, or facilities and equipment in such place or as a result of, or incident to, or otherwise following staff instructions anywhere.

I have read and understand and sign the foregoing Assumption of Risk and Release of Liability

Participant Signature: _____ Date Signed: _____

Printed Name: _____

Parent/Guardian Signature: _____ Date Signed: _____

Printed Name: _____



Crex Meadows Youth Conservation Camp

To Parent(s) or Guardian(s) of Camper:

Thank you for your interest in Crex Meadows Conservation Camp. Camps conducted under the auspices of CEP, Inc. are required to comply with the newest version of HFS 175, a code intended to address some minimum health and safety standards for the campers attending summer camps in our state.

You have already completed the Camp Health History Form that must be completed each year before your camper may participate in camp activities.

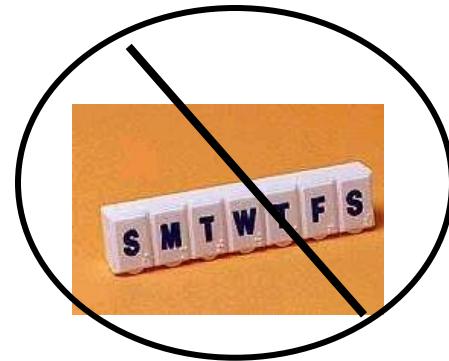
The form is designed to obtain crucial information from you regarding your child's health condition, allergies, special limitations, medications, etc. If your child takes medication, you'll need to bring it in a marked container per Wisconsin Code HFS 175.14, which states:

"All medications brought to camp by a camper or staff member shall be in containers that are clearly labeled to include the name of the camper or staff member, the name of the medication, the dosage, the frequency of administration and the route of administration. All medication prescribed by a physician shall be labeled to include the name of the prescribing physician, the prescription number, date prescribed, possible adverse reactions, the specific conditions when contact should be made with the physician and other special instructions as needed."

CORRECT



INCORRECT



Upon arrival at the camp, we will ask you to complete another medication form to document any changes in the camper's medical history. Please plan on spending a half an hour with camp staff as your camper settles into camp to discuss additional camp details and review the camper's application.
We look forward to seeing you!

Sincerely,

Crex Meadows Camp Director

Medicine Instruction Form

NAME _____ SESSION _____

Name of Medication	Dosage	Time of Administration	Reason for Medication

By signing this form you are indicating the above is true and complete to the best of your knowledge.

**Parent/ Guardian
Signature _____ Date _____**

Please send your completed application to:

**Crex Meadows Youth Conservation Camp
P.O. Box 616
Ashland, WI 54806**

DUE: March 31st