



# Crex Meadows Youth Conservation Camp

## Camper Application Form



Name \_\_\_\_\_  
*First*
*Last*
*M.I.*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Expected Graduation Year \_\_\_\_\_ Current Grade Level \_\_\_\_\_ School Attending \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *(for internal verification purposes only)*

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Camper Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State WI Zip \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\*CAMPER: Please bring cell phone to use during "Tech Time." Phones will remain locked up during the week and distributed as appropriate.

**2020 Session Dates**\*(2 week sessions) \*Please mark all sessions you are able to attend

- Session 1:** June 14, 2020 -June 26, 2020 (**RETURN CAMPERS ONLY!**)
- Session 2:** June 28, 2020 – July 10, 2020
- Session 3:** July 12, 2020 – July 24, 2020
- Session 4:** July 26, 2020 – August 7, 2020

Camper Shoe Size (work boots): \_\_\_\_\_ Camper Shirt Size: \_\_\_\_\_

Why would you like to attend camp this summer? \_\_\_\_\_

List any community involvement and/or activities you enjoy: \_\_\_\_\_

**Please send your completed application AND report card to:**

**Crex Meadows Youth Conservation Camp**  
**1805 N 14<sup>th</sup> St**  
**Superior, WI 54880**  
**OR scan and email to [swhite@nwcep.org](mailto:swhite@nwcep.org)**

**Application Due Date:**  
**Wednesday, April 15th**

\*All *NEW* campers participate in an interview for camp acceptance and to determine session placement. You/ your school will be contacted to arrange an interview.





## 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.

Camper Name (Please print): \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Signature of a parent or legal guardian is required to authorize the Agreement to Participate Form**

Parent/ Guardian Name (Please print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**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**

Camper Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

# MEDICAL HISTORY FORM

## EMERGENCY CONTACT INFORMATION:

**Camper Name:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Social Sec. #** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Home Phone #:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

### Who can we call if a Parent/Guardian cannot be reached?

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

### Who is your family physician?

**Name:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_

**Clinic/Hospital:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Who is your medical insurance carrier?

**Company Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please attach a copy of your insurance card here

FRONT

Please attach a copy of your insurance card here

BACK

## CAMPER MEDICAL HISTORY FORM

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

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been hospitalized or received long term treatment of any kind? (please include mental health and drug treatment) If yes, please explain in detail:
<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, anxiety, schizophrenia or phobias? 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	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) <b>If YES, COMPLETE THE ATTACHED FORM and bring and TURN IN ALL medication upon arrival to camp.</b>
<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>

### Immunization History

Tetanus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____
			<i>*a complete immunization record is not required</i>

Please document any other medical symptoms or events we should be aware of: \_\_\_\_\_

---



---

## 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. The completed medical history forms may be photocopied for trips out of camp or by authorized medical treatment centers.*

Parent/ Guardian Name (Please print): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## MEDICINES AVAILABLE AT CAMP

**THE FOLLOWING ARE STANDARD ORDERS FOR SIMPLE MEDICINES AVAILABLE AT CAMP:  
(Please do not send these medicines to camp with your camper.)**

- ✓ 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

**Please DO NOT send/bring these medicines to camp.  
These medicines are AVAILABLE AT CAMP**





# Medicine Instruction Form

CAMPER NAME: \_\_\_\_\_

<b>Medication</b>	<b>Dosage</b>	<b>Time of Administration</b>	<b>Reason for Medication (please be specific)</b>

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

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*\*\*Upon arrival at the camp, you will be asked to complete another medication form to document any changes in the camper's medical history. \*\*\**



## Crex Meadows Youth Conservation Camp *MEDICATION GUIDELINES*

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.

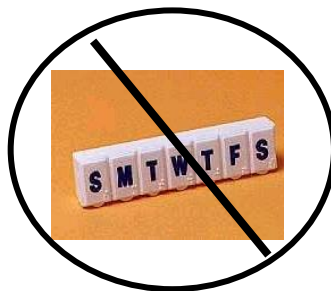
The form is designed to obtain crucial information from you regarding your child’s health condition, allergies, special limitations, medications, etc. **If your child takes medication (including vitamins), you’ll need to bring it in a marked container** per Wisconsin Code HFS 175.14, which states:

*“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 me as your camper settles into camp to discuss additional camp details and review the camper’s application. \*\*\*

We look forward to seeing you!

Sincerely,

*Sara S. White*      *Travis Patton*  
Youth Services Specialists