

First Name: _____ Last Name: _____ Session Number: _____

2018 Holiday Home Camp - Camper Registration & Health History

The registration and health history is to be completed by a parent/guardian.

A copy of the camper's medical/insurance card and immunization records must be included when returning this form.

Camper Information

| | | | |
|---|---|---|---|
| Camper's First Name | Camper's Last Name | Birth Date ____/____/____ | Age at Camp |
| Gender (please circle): Male or Female | Grade Entering in Fall 2018: _____ | This will be my ____ year at Holiday Home Camp | Is this Child a Foster Child (please circle): YES or NO |

Please Circle 1 Session Choice

| | | | | | | |
|---------------------------|-------------------------------|----------------------------------|---------------------------|---------------------------|---------------------------------|----------------------------|
| Session 1 June 18 – 23 | Session 2 June 26 – July 1 | Session 3 - ELITES July 5 – 9 | Session 4 July 13 – 18 | Session 5 July 22 – 27 | Session 6 July 30 – August 4 | Session 7 August 6 – 11 |
|---------------------------|-------------------------------|----------------------------------|---------------------------|---------------------------|---------------------------------|----------------------------|

Cabin Mate Request Holiday Home Camp does our best to accommodate cabin mate requests, but not all requests are possible. Cabin mate requests must be within 1 year of age. Please remember that camp is a place to make new friends.

| | |
|------------------|------------------|
| Cabin Mate Name: | Cabin Mate Name: |
|------------------|------------------|

Referral Information

| | |
|---|----------------|
| Referring Agency/Organization/School Name | Referral Name |
| Referral Phone Number | Referral Email |

Guardian Information

1st Parent/Guardian whom camper lives with. This is camper's permanent address.

| | | |
|--------------|------------------|------------------------|
| First Name | Last Name | Relationship to Camper |
| Home Address | City, State, Zip | Email Address |
| Home Phone | Cell Phone | Work Phone |

2nd Parent/Guardian

| | | |
|--------------|------------------|------------------------|
| First Name | Last Name | Relationship to Camper |
| Home Address | City, State, Zip | Email Address |
| Home Phone | Cell Phone | Work Phone |

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Emergency Contacts Other Than Parent or Guardian/Others Allowed to Pick Up Your Camper

Along with the parent/guardians listed, the emergency contacts will be allowed to pick up your camper from camp. No other individuals will be able to pick up your camper otherwise arranged with the Camp Registrar.

| | | | |
|------|--------------|-----------|---------------|
| Name | Relationship | Day Phone | Evening Phone |
| | | | |
| Name | Relationship | Day Phone | Evening Phone |
| | | | |

Transportation

| To Camp – First Day (Check box below) | From Camp – Last Day (Check box below) |
|--|---|
| <input type="checkbox"/> Chicago's Union Station - 10:30am | <input type="checkbox"/> Chicago's Union Station - 10:30am |
| <input type="checkbox"/> Kenosha's Vernon School - 12:00pm | <input type="checkbox"/> Kenosha's Vernon School - 9:00am |
| <input type="checkbox"/> Milwaukee's Mitchell Park Domes - 12:00pm | <input type="checkbox"/> Milwaukee's Mitchell Park Domes - 9:00am |
| <input type="checkbox"/> Madison's East Towne Mall - 11:30am | <input type="checkbox"/> Madison's East Towne Mall - 9:30am |
| <input type="checkbox"/> Rockford's Clock Tower - 12:00pm | <input type="checkbox"/> Rockford's Clock Tower - 9:00am |
| <input type="checkbox"/> Holiday Home Camp - 1:30pm | <input type="checkbox"/> Holiday Home Camp - 8:00am |

Waiver and Release of Liability - Acknowledgment & Acceptance of Risk – Photograph Acknowledgement

Certain risks cannot be eliminated without destroying the unique character of our activities. The same elements that contribute to the unique character of camp activities can be causes of loss of or damage to equipment, accidental injury or illness, or, in extreme cases permanent trauma or death. We do not want to frighten you or reduce your child's enthusiasm, but we think that it is important for you to know in advance what to expect and to be informed of inherent risks associated with many of the activities in which your child will participate. The following describes some, but certainly not all, of those risks:

- Campers can slip or fall during a hike, resulting in damage to equipment, accidental personal injury or illness, or, in extreme cases, permanent trauma or death.
- Exposure to the natural elements can be uncomfortable and/or harmful. Campers should be aware that this exposure could cause sunburn, wind burn, dehydration, heat exhaustion, heat stroke, heat cramps and/or other conditions related to climate, weather and temperature conditions.
- There is a risk of injury when wading, swimming, jumping or diving in a body of water, such as Geneva Lake. Diving head-first into a body of water may result in serious injury, permanent paralysis, or death. Even jumping feet-first into a lake is reckless and may result in injuries.
- Hiking, climbing, rappelling, sports, archery, and many other of camp activities can result in falls, the danger of falling objects, sprains, strains, bone breaks, contusions, abrasions, damage to personal equipment, other accidental personal injury or illness, and/or, in extreme cases permanent trauma or death.

Photograph Acknowledgement:

I/We, the undersigned, hereby acknowledge that the Lake Geneva Fresh Air Association Inc., DBA Holiday Home Camp and Outdoor Wisconsin Leadership School, has the option to take photographs, video or recordings of camp events, which may include the likeness or participation of my child, and reproduce them in educational, news or promotional material, whether in print, electronic or other media including online web-based medium. By registering my camper for camp, I hereby grant the Lake Geneva Fresh Air Association permission to make, use and distribute such items and I waive any rights to seek payment or compensation.

Release and Hold Harmless Agreement:

I/We, the undersigned, hereby acknowledge and agree that the use of the word "safe" in any and all advertisements by the Camp (including but not limited to oral representations, print brochures, print advertisement in various publications, electronic media, DVD, and other advertising mediums) merely reflects the Camp's reasonable efforts to provide campers with appropriate equipment and/or skilled staff so that campers may enjoy activities for which campers may not be skilled. Furthermore, I/We agreed that the use of the word "safe" in said fashion DOES NOT represent a guarantee or warranty, either expressed or implied, that any camp activity is without inherent risk. I/We am/are aware that there are inherent risks associated with all activities offered at Holiday Home Camp, including but not limited to all of the risks described above.

I/We do hereby assume full responsibility for the risks described above as well as the camper's (named below) safety and welfare. I/We hereby release and hold Lake Geneva Fresh Air Association Inc., DBA Holiday Home Camp and Outdoor Wisconsin Leadership School, its medical staff, camp Directors, counseling staff, trustees and any and all employees of Holiday Home camp and OWLS (collectively known as "Camp") harmless from any and all liability, actions, injury, or causes of actions, which may arise out of or in connections with said camper's participation in any activity arranged by the Camp, its employees, associates or agents except for acts of gross negligence or willful intentional acts of Camp.

Signature of Parent/Guardian: _____ Date: _____

First Name: _____ Last Name: _____ Session Number: _____

Holiday Home Camp - Health History

MEDICAL and HEALTH INSURANCE INFORMATION

IS THIS CAMPER COVERED BY FAMILY OR STATE MEDICAL INSURANCE? YES NO

PLEASE ATTACH A COPY OF THE CAMPER'S INSURANCE OR MEDICAL CARD AND IMMUNIZATION RECORDS

Name of camper's primary doctor(s): _____ phone number: _____

DIETARY AND NUTRITIONAL NEEDS / RESTRICTIONS

Please Circle One: EATS A REGULAR DIET EATS A REGULAR VEGETARIAN DIET

Any special food needs/dietary restrictions? _____

ALLERGIES

My camper has the following food, medication or other allergies:

| Allergy | Symptoms | Frequency or Occurrence |
|---------|----------|-------------------------|
| | | |
| | | |
| | | |

PLEASE CHECK ANY WHICH APPLY

- Recurrent/chronic illness
- Seizures
- Emotional difficulties
- Asthma/wheezing/shortness of breath
- Bed wetting
- Behavior difficulties
- Diabetes
- ADD/ADHD
- Physical difficulties
- Has/carries an inhaler
- Has/carries an Epi Pen
- Headaches
- Recent injury
- Diarrhea/constipation
- Other

If checked item, please explain _____

ADDITIONAL INFORMATION

Any history of physical/violent behavior? _____

First Name: _____ Last Name: _____ Session Number: _____

Any additional health concerns/medical history camp should be aware of? _____

Are there any camp activities which the camper should be exempt from for health reasons? _____

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician or camp staff selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician or camp staff to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian: _____ Date: _____

IMMUNIZATION HISTORY

Provide the month/year for each immunization. Copies of immunization forms for health care providers or government agencies are acceptable in place of this section; please attach to this form. Tetanus booster is required.

| Immunization | Dose 1 Month/Year | Dose 2 Month/Year | Dose 3 Month/Year | Dose 4 Month/Year | Dose 5 Month/Year | Most Recent Dose Month/Year |
|--|---|----------------------|----------------------|----------------------|----------------------|--------------------------------|
| Siptheris, tetanus, pertussis (DTaP) or (TdaP) | | | | | | |
| Tetanus booster (dT) or (TdaP) REQUIRED | | | | | | |
| Mumps, measles, rubella (MMR) | | | | | | |
| Polio (IPV) | | | | | | |
| Haemophilus influenza type B (HIB) | | | | | | |
| Pneumococcal (PCV) | | | | | | |
| Hepatitis B | | | | | | |
| Hepatitis A | | | | | | |
| Varicella (Chicken Pox) | <input type="checkbox"/> Had chicken pox Date: _____ | | | | | |
| Meningococcal meningitis (MCV4) | | | | | | |

Tuberculosis (TB) test: _____ Date: _____ Negative Positive

If your camper has been fully immunized, please sign the following statement:
I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian: _____ Date: _____

First Name: _____ Last Name: _____ Session Number: _____

AUTHORIZATION TO ADMINISTER MEDICATION

Only complete if your camper takes prescribed medication on a routine basis.

All medication must be brought to camp in the original pharmacy containers with the camper's name and correct dosage.

| NAME OF MEDICATION | REASON FOR TAKING | WHEN IT IS GIVEN: (PLEASE CIRCLE) | DOSAGE | HOW IT IS ADMINISTERED? |
|--------------------|-------------------|---|--------|-------------------------|
| | | Breakfast, 8:30am Lunch, 12:30pm Dinner, 5:30pm Bedtime As Needed Other: _____ | | |
| | | Breakfast, 8:30am Lunch, 12:30pm Dinner, 5:30pm Bedtime As Needed Other: _____ | | |
| | | Breakfast, 8:30am Lunch, 12:30pm Dinner, 5:30pm Bedtime As Needed Other: _____ | | |
| | | Breakfast, 8:30am Lunch, 12:30pm Dinner, 5:30pm Bedtime As Needed Other: _____ | | |
| | | Breakfast, 8:30am Lunch, 12:30pm Dinner, 5:30pm Bedtime As Needed Other: _____ | | |

I hereby authorize the administration of the above medication(s) by HHC staff to my camper. All prescription medication will be administered according to instructions printed on the bottle. With full knowledge of any emergencies, dangers and risks related to administration of such medication by HHC Health Center Staff, I, the undersigned, hereby waive all claims which might arise from said medication to said minor child and the results thereof. I agree to indemnify and hold harmless Lake Geneva Fresh Air Association inc. dba Holiday Home Camp/ Outdoor Wisconsin Leadership School, its members, officers, employees and agents from any and all liability relative to the administration of such medication.

Signature of Parent/Guardian: _____ Date: _____

First Name: _____ Last Name: _____ Session Number: _____

Scholarship Application

Directions:

- Complete one application per family.
- Please remember that we will work with you to ensure your child will be able to attend camp.

Please list all campers in your family attending Holiday Home Camp:

Statement of Financial Need

Briefly explain why your family is in need of a Holiday Home Camp Scholarship for this particular year.

Signature and Social Security Number: An adult household member must sign this application and provide the last four numbers of a social security number before scholarship is approved.

I certify that all information on this form is true, accurate and correct. I understand that any scholarship awarded is subject to revocation and/or adjustment if found to be otherwise.

Signature of Adult Household Member

XXX-XX-_____
Last 4 Digits of Social Security Number

Printed Name

Date of Application

To complete your registration we will need:

1. Registration and Health History
2. Copy of campers insurance or medical card
3. Copy of camper's immunization records
4. Household size and income verification form
5. The Camp Registrar will notify you if additional scholarship forms are needed

Please return to all registration paperwork to:
 Holiday Home Camp, Attn: Camp Registrar, P.O. Box 10, Williams Bay, WI 53191
 Phone: 262.245.5161 Fax: 262.245.6518
 Email: linda@holidayhomecamp.org