

## Girls Camp 2012

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

Entering Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of Camp \_\_\_\_\_

Address \_\_\_\_\_

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

Are all IMMUNIZATIONS current with State requirements?  Yes  No Explain \_\_\_\_\_

Date of last tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last medical exam \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason for exam \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

HISTORY OF:  Seizures  Heart Trouble  Diabetes  Sore Throat  Kidney  Bowel Habits  Bleeding

Menstrual Problems  Sleepwalking  Fainting  Bedwetting  Nosebleeds  Headaches  Surgeries

ALLERGIES:  Hay Fever  Asthma  Bee Stings  Plants  Foods \_\_\_\_\_  Medications \_\_\_\_\_

Explanation for checked items: \_\_\_\_\_

Other chronic illnesses or conditions: \_\_\_\_\_

Mobility limitations/Activity restrictions \_\_\_\_\_

Special medical or dietary instructions \_\_\_\_\_

MEDICATIONS: List all medications to be administered at camp. \_\_\_\_\_

*All medications must be in original container and clearly labeled, including: patient's name, physician's name, name of medication, prescription number, date prescribed, instructions. Counselor will collect and distribute all meds.*

Family Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_

Subscriber # \_\_\_\_\_

Ins. Address \_\_\_\_\_

Ins. Phone \_\_\_\_\_

Policyholder's Name \_\_\_\_\_

Employer \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Policyholder's Birthdate \_\_\_\_\_

**PARENTAL AUTHORIZATION:** I hereby give permission for my child to attend camp as indicated above. I further certify that this health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. I also hereby give permission to the camp counselor and/or other member of the camp staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents. Note: "Camp Counselor" refers to a "person in charge of a group of children at camp" and does not imply they are licensed to give counsel.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Mark your week of 2012 Girls Camp !

June 17-20	4 day camp
June 24-28	5 day camp
July 8-12	5 day camp
July 15-18	4 day camp
July 22-26	5 day camp
July 30-Aug 2	4 day, day camp
Aug 5-9	5 day camp
Aug 12-15	4 day camp

4 Day Camp  
\$475.00

5 Day Camp  
\$575.00

4 day, day camp  
\$275.00  
plus tax

**Please circle appropriate camp**

**Wild West Campground and Corral is not responsible for lost or stolen articles. We STRONGLY discourage bringing cell phones, expensive cameras, electronic devices, etc. ABSOLUTELY NO: fireworks, firearms, tobacco, weapons, alcohol, or unprescribed drugs. Possession of these items will result in immediate expulsion! NO EXCEPTIONS!**

Appropriate amount for:	
4 or 5 day camp	\$ _____
or	
Price with 10% off (received prior to Mar. 1)	\$ _____
Camp T-Shirt—\$15.00 (Optional)	\$ _____
5.5 Sales Tax	\$ _____
Sub Total	\$ _____
Camp store allowance (Optional)	\$ _____
Instead of having to bring cash	
<b>BALANCE ENCLOSED</b>	\$ _____

I have read and understand attached sheet: **Camp West General Rules.**

\*\*\* **Campers Signature** \_\_\_\_\_

## **Wild West General Rules for Camp**

1. Camper shall conduct herself in a respectful and courteous manner at all times.
2. Camper shall follow rules at all time on or off the premises.
3. Camper will be issued 1 verbal warning after misconduct, if poor behavior persists; camper will lose riding privileges for the next scheduled ride. Written notice will be placed in file.
4. Consistent poor behavior will result in notification of parents and possible expulsion.
5. For safety reasons, no camper will be allowed near horses without proper supervision.
6. No yelling, screaming or running in the presence of horses.
7. Campers will follow counselor's instructions without argument.
8. Items in general store are for purchase only. Campers are responsible for payment of items removed from store or lodge.
9. Camper promises to not be a picky eater.
10. Camper will keep their bunkroom area clean and tidy! This rule comes from Health and Human Services and will be enforced at all times!!
11. Camper will keep any and all valuables in a secure place or give them to counselor for lockup. Camper's belongings will be accessible at any time upon request. This especially includes cash!

**These rules are in force to insure all campers have the best possible experience while at Wild West Girls Horse Camp!**

**Let's all have a great time!!**

Please sign the registration form stating you have read and understand these rules.

# Wild West Liability Waiver

**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 an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (I)(E) of the Wisconsin statutes.

## Liability Release Agreement

I, being of lawful age, desire to participate in horseback riding at Wild West Campground and Corral. I understand that horseback riding involves danger and inherent risk of injury to the rider or passenger should a horse become startled, rear, buck, bite, kick, roll, run or behave in other way which could endanger a rider or passenger and I agree to assume the risk of injury to myself and minors in my care and still desire to participate in these activities even though no amount of preplanning can remove all of the danger to which I am exposing myself and minors in my care.

I will use ordinary care in the use of the said horse and equipment and will not abuse, mistreat, or ride the horse in a reckless manner nor fail to follow instructions given to me. For and in consideration of the opportunity in participate in these horseback riding activities. I forever release, acquit, and discharge Wild West Campground and Corral, and any and all of their employees, agents, and members from any claim or liability that I or any minors in my care, or any of my heirs may incur as a result of my horseback riding activities in and/or around Wild West Campground and Corral or from the rental of the horse or equipment at Wild West Campground and Corral.

Further, I expressly understand and agree to identify and save harmless Wild West Campground and Corral and all of their employees and agents against any and all further claims or damages incurred by them as a result of any accident or injury which might occur while I or minors in my care are involved in horseback riding activities which may result from any negligence or actions of minors in my care. I understand that by refusing the use of helmets I am refusing critical safety precautions. No oral representations or other agreements not herein expressed have been made to the undersigned and this release constitutes out complete understanding and that the terms of this release are contractual and not a mere recital.

By signing below and listing any participating minors in my care, I indicate that I have read this release agreement, that I understand it, and that I assume full responsibility for my safety and for the safety of participating minors in my care, and ride at my own risk.

## Adult Riders and Children

Date:	E-mail Address:
Name:	Signature:
Spouse Name:	Spouse signature:
Street address:	State:
City\town\village:	Zip Code:
Names of Children Riding:	

## **Camp Outing Permission Slip**

I, \_\_\_\_\_ hereby give permission to the staff of Wild West to take my child \_\_\_\_\_ off the premises for reasons of medical emergencies or special outings.

Parents will be notified immediately if medical emergency arises.

Date of Camp \_\_\_\_\_ to \_\_\_\_\_

Parents signature \_\_\_\_\_

Date \_\_\_\_\_