



## Wanderers 2016 Registration Form

Use one form per child. Send completed form along with payment of full tuition to:

**Wanderers  
C/O Kurt Gantert  
52 Murray Ave.  
Larkspur, CA 94939**

\*Personal checks only. Please make the check out to Wanderers Summer Camp, Inc.

### General Information

Camp Name & Date \_\_\_\_\_

Camper's Name \_\_\_\_\_ Gender: M F

Birthdate \_\_\_\_\_ Age(when child starts camp) \_\_\_\_\_ Grade in fall of 2016 \_\_\_\_\_

School Name \_\_\_\_\_

Parent/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

T-Shirt Size (circle) *Youth* XS S M L *Adult* S M L XL 2XL

How did you hear about Wanderers? \_\_\_\_\_

\_\_\_\_\_



**Medical Information**

Camper Name \_\_\_\_\_

Physician/Health Care Facility \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insured's Name \_\_\_\_\_ Policy No. \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

The date of your child's last tetanus booster \_\_\_\_\_

Check if applicable; list duration, treatment method, and/or restrictions.

*Conditions*

- Diabetes
- Epilepsy/Seizure
- Bleeding/clotting disorders
- Asthma
- Dizziness or Fainting
- Heart Trouble
- Migraines (are they debilitating?  Yes  No)
- Any Diseases? \_\_\_\_\_

Explanation & severity of conditions \_\_\_\_\_  
\_\_\_\_\_

*Allergies Description & Reaction*

- Medications
- Food or drink
- Bee stings
- Other \_\_\_\_\_

Explanation & severity of allergies \_\_\_\_\_  
\_\_\_\_\_

**Note-** All students with bee sting, nut or other anaphylactic allergies will be required to bring 2 epi pens!

Medication (over the counter and/or prescription):

\_\_\_\_\_  
Emotional, behavioral, or learning disabilities:

\_\_\_\_\_  
If your child is in the care of a social worker, psychologist, behavior therapist, etc. please explain.

\_\_\_\_\_  
If a parent or guardian cannot be reached and the situation warrants it, initial by each medication that you authorize a trained Wanderers staff member to give to your child:

- \_\_\_\_\_ Antihistamine (eg, liquid Benadryl) \_\_\_\_\_ Antibiotic Ointment (eg, Neosporin)
- \_\_\_\_\_ Snake bite \_\_\_\_\_ Anti-diarrheal (eg Immodium AD) \_\_\_\_\_ Calamine or Tech-Nu
- \_\_\_\_\_ Over-the-counter analgesic (eg Ibuprofen, Acetaminophen)



**Emergency Contact/Pick-up Authorization**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Dietary Restrictions**

Vegetarian       Vegan       Other \_\_\_\_\_

**Swimming Ability**

Non-Swimmer       Recreataional       Competitive

**Do you have any special requests?** (Example: Is your child attending camp with a friend?)

\_\_\_\_\_  
\_\_\_\_\_

**Agreements, Releases, Waivers and Acknowledgement of Risk**

Required for All Camps:

*Wanderers Summer Camp, Inc. Participant Acknowledgement of Risk*

Required for Yosemite Adventure and Yosemite Backpack:

*Southern Yosemite Mountain Guides, Inc. Participant Acknowledgement of Risk*

**Wanderers Summer Camp, Inc. Participant Acknowledgement of Risk**

I, the undersigned, as a parent/legal guardian of the named child, in consideration of the services of Wanderers Summer Camp, Inc, their agents, owners, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein after collectively referred to as "WSC") hereby agree to, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate, the following:

1. I acknowledge that participation in, hiking, water wading, nature exploration, and other outdoor activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities.

At any time, your child is free to withdraw from participation in activities (as listed above) and their potential for: drowning, slips and falls and falling; pinches, scrapes, twists and jolts that could result in scratches, bruises, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases. Furthermore, WSC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a child's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions.

2. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. I expressly agree and promise to inform my child of the risks existing in WSC programs. My child's participation in WSC programs is purely voluntary, and I elect to allow him/her to participate in spite of the risks.
3. I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that my child has responsibilities as a participant. I acknowledge that the staff of WSC has been available to more fully explain the nature and physical demands of this activity and the inherent risks, hazards, and dangers, associated with this activity.
4. I certify that I have adequate insurance to cover any injury or damages my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition my child may have.
5. In the event that I file a lawsuit against WSC, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
6. I realize that any photos taken of my child during WSC programs become property of WSC and may be used in printed literature or marketing materials. I realize there will be no compensation for the use of said photos.

**If you DO NOT want your child's photo used in marketing materials, please initial here \_\_\_\_\_.**

**Authorization for Treatment:** I hereby give permission to WSC staff to provide basic first aid treatment & care to my child within the scope of their training. I also give permission to the medical personnel selected by the camp director to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child including transportation in private vehicles if necessary. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for use on off site trips and programs.

**Participant Expectations:** I acknowledge that I have read, understand, and discussed with my child the Wanderers Summer Camp, Inc. Expectations.

**Camp Transportation:** I acknowledge that my child will be transported by 7-passenger mini vans and/or 8-passenger SUVs to and from the hiking trailhead each day of camp

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understood it, agree to be bound by its terms & consent to my child's participation in Wanderers Summer Camp, Inc. activities.

Parent/Guardian's Printed Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper's Printed Name \_\_\_\_\_

Camp Session(s) \_\_\_\_\_