

Y.O. ADVENTURE CAMP, INC. (Y.O.A.C.)

REGISTRATION FORM

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

Camper Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Student lives with (please circle one):    both parents                      mother                      father

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

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

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency contacts:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Policy group or number: \_\_\_\_\_

I hereby authorize the Y.O.A.C. to use any photographs of my child/myself for brochures, advertising, and other promotional purposes. I hereby authorize the YO Ranch's Health Care Officer or authorized personnel to examine, treat, or administer medications for any illness or injury to my child/myself as deemed necessary.

I hereby authorize such persons to order X-rays, routine tests, and treatment from a licensed, certified, or authorized health care provider for my child/myself as deemed necessary. In the event of an emergency and my child/myself am unconscious I hereby authorize the Health Care provider to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child/myself as deemed necessary. I approve the application above and the conditions listed in the student orientation brochure and hereby certify that my child/myself is of good moral character and health. I agree that my child/myself will abide by and comply with the rules and regulations of the Y.O.A.C. He/she had my permission to engage in all prescribed activities, except as noted above. I understand that as in any other physical activity or sport, my child/myself will be exposed to above normal risks. I furthermore release, indemnify, and hold harmless the Y.O. Ranch Adventure Camp Inc., the Y.O. Ranch Adventure Camp Healthcare Officer, **Y O RANCH PARTNERSHIP and ESTATE OF CHAS. SCHREINER, III, DECEASED, ESTATE OF LOUIS A. SCHREINER, II, DECEASED, CHAS. SCHREINER, IV, WALTER R. SCHREINER, JR. and GUS L. SCHREINER**, the owners of the Ranch, their spouses, agents, employees, heirs, executors, administrators, successors and assigns, jointly and severally, from and against any and all sickness, injury, claims, liabilities, or damages suffered by myself arising from and against any act, omission, or negligence of the Y.O. Ranch Adventure Camp, its agents and employees, and/or such above mentioned health care providers.

\_\_\_\_\_  
Signature of participant or parent/legal guardian (must be 18 years or older)

\_\_\_\_\_  
Date:

Please print name

Y.O. ADVENTURE CAMP, INC. (Y.O.A.C.)

HEALTH HISTORY  
(CONFIDENTIAL FORM)

Camper Name:

Please circle "Yes" or "No" for each of the following:

Does the Camper have...

Frequent ear infections? Yes No

Diabetes? Yes No

If yes, explain \_\_\_\_\_

Dental Applications? Yes No

Asthma? Yes No

Has the Camper had...

Family death within 2 years? Yes No

Friend's death within 2 years? Yes No

Disciplinary Counseling? Yes No

If yes, explain \_\_\_\_\_

Family Counseling? Yes No

If yes, explain \_\_\_\_\_

Psychiatric Counseling? Yes No

If yes, explain \_\_\_\_\_

Any eating disorders? Yes No

If yes, explain \_\_\_\_\_

Is the Camper allergic to...

Poison Ivy, Oak? Yes No

Airborne agents? Yes No

Insect bites or stings? Yes No

Animal fur? Yes No

Drugs Yes No

If yes, list \_\_\_\_\_

Has the Camper experienced...

Sleep walking? Yes No

Bed wetting? Yes No

Nightmares? Yes No

Alcohol or tobacco use? Yes No

If yes, explain \_\_\_\_\_

Mood swings? Yes No

If yes, explain \_\_\_\_\_

Does the Camper have any learning difficulties (i.e. ADD, ADHD, Dyslexia)?

List: \_\_\_\_\_

Are the Camper's parents divorced? \_\_\_\_\_ Separated? \_\_\_\_\_ If so, what year? \_\_\_\_\_

Has the Camper been exposed to suicide attempts among friends or family? \_\_\_\_\_

If so, what year? \_\_\_\_\_

Has the Camper discussed or threatened a personal suicide attempt? \_\_\_\_\_

If so, what year? \_\_\_\_\_

Is the Camper prone to depression? \_\_\_\_\_ If so, about what? \_\_\_\_\_

Does the Camper have extreme fears? \_\_\_\_\_ If so, about what? \_\_\_\_\_

For female Campers only:

Has she been told about menstruation? \_\_\_\_\_ Has she menstruated? \_\_\_\_\_

Is her cycle normal? \_\_\_\_\_

While in Camp, your Child is covered for any accident or illness that is Camp related. However, in the event your Child is in need of medical attention due to an illness unrelated to Camp activities (appendicitis an illness he/she has brought to Camp, etc.) please be advised that it is not covered by the Camp insurance. He/she will, of course, receive prompt medical attention any time it is needed, for any reason.

Is the Camper covered under hospitalization insurance? \_\_\_\_\_

If so, please provide the following information:

Insurance Carrier: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Y.O. ADVENTURE CAMP, INC. (Y.O.A.C.)

**HEALTH EXAMINATION TO BE COMPLETED BY A LICENSED PHYSICIAN**

All information provided pertains to (Camper Name): \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Are all immunizations current? \_\_\_\_\_ Date of last TB Test and Results: \_\_\_\_\_

Camper's last Tetanus shot was administered on (date): \_\_\_\_\_

The Camper has the following recurring illnesses or conditions: \_\_\_\_\_

The Camper is under my care for the following on-going conditions: \_\_\_\_\_

Treatment to be continued at Camp: \_\_\_\_\_

Medications to be continued at Camp: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

**Food allergies:** \_\_\_\_\_

**Drug allergies:** \_\_\_\_\_

Physical restrictions at Camp: \_\_\_\_\_

Additional medical information: \_\_\_\_\_

In my professional opinion, the above-named Camper is able to attend and participate in an active camp program:      Yes              No

The above-named Camper was examined by me on (date): \_\_\_\_\_

Licensed Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Y.O. ADVENTURE CAMP, INC. (Y.O.A.C.)**

**DECLARATIONS**

The following declarations made by parent(s) is relative to all pages herein regarding both Enrollment Application and Health History Examination for: \_\_\_\_\_

(Camper's Full Name)

I hereby authorize the Y.O. Ranch's Health Officer or authorized personnel to examine, treat, or administer medications for any illness or injury to my child as deemed necessary. I hereby authorize such persons to order X-rays, routine tests, and treatment from a licensed, certified, or authorized health care provider for my child as deemed necessary. In the event of an emergency and I cannot be reached, I hereby authorize the health care provider to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child, as named above, as deemed necessary.

**THE FOLLOWING PARAGRAPHS CANNOT BE ALTERED IN ANY MANNER**

I declare that all information supplied in the Registration Form and Health History/Examination Form is true and correct. I agree to the conditions listed in the brochure and general information sheet, and I hereby certify that my child is of good moral character. I agree that my child will abide by, and comply with, the rules and regulations of the Y.O. Ranch Adventure Camp, Inc. He/she has my permission to engage in all prescribed activities.

I understand that in any other physical activity or sport, my child will be expected to be exposed to above-normal risks. I furthermore release, indemnify, and hold harmless the Y.O. Ranch Adventure Camp, Inc., **Y O RANCH PARTNERSHIP and ESTATE OF CHAS. SCHREINER, III, DECEASED, ESTATE OF LOUIS A. SCHREINER, II, DECEASED, CHAS. SCHREINER, IV, WALTER R. SCHREINER, JR. and GUS L. SCHREINER**, the owners of the Ranch, their spouses, agents, employees, heirs, executors, administrators, successors and assigns, jointly and severally, from and against any and all sickness, injury, claims, liabilities, or damages suffered by my child, above named, arising from any act or omission of the Y.O. Ranch Adventure Camp, Inc., it's agents and employees, and/or such above-mentioned health care providers.

Parental Guardian Signature (must have legal custody): \_\_\_\_\_

Date: \_\_\_\_\_

Before me, a notary public, on this day personally appeared the above person known to me to be the person whose name is subscribed to the foregoing documented, being by me first duly sworn, declared that the statements above and in the preceding pages are true and correct.

State of \_\_\_\_\_ } Given under my hand and seal of office the \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_

County of \_\_\_\_\_ } My Commission Expires: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## Y.O. ADVENTURE CAMP, INC. (Y.O.A.C.)

### Equipment List

This list is meant to be a general guideline for what participants should bring with them to camp. Y.O. Ranch Adventures is not responsible for any lost, damaged, misplaced or stolen personal property. No electronics of any kind (cell phones, IPODs, Gameboys, CD and DVD players, radios) are allowed on camp. All items brought to camp should be permanently labeled with the camper's name. Do not bring: matches, lighters, or any source of fire, chewing gum, candy or food, tobacco products, fireworks or firearms.

- Plastic/metal plate, bowl, cup, utensils (please do not send disposable items)
- Mesh bag to hold plates and utensils in between meals
- Synthetic, cotton blend or down sleeping bag (100% cotton not recommended, sheets optional)
- Pillow
- Sunscreen, Insect repellent
- Toiletries
- Shower shoes
- Personal Medication (To be administered by School Personnel)
- 1-2 pairs of tennis shoes (Boots are preferred for horseback)
- Socks
- Shorts
- Pajamas
- Underwear
- Jeans or long pants
- Swimsuit
- 1 raincoat or poncho
- 1 cap or hat
- Lip balm with sunscreen
- Towels
- Laundry bag for dirty clothes
- 1 Canteen or water bottle
- Money for store
- Lightweight fleece jacket
- Long underwear (seasonal item)
- Wool or synthetic blend socks and gloves (seasonal items)
- Flashlight
- Optional Items: Sunglasses, diary, stationary, camera/film (Digital cameras are discouraged for privacy reasons, summer campers will have access to their cameras during activity periods only.)

#### Campout Equipment (Additional Optional Items)

- Sleeping pad
- 8X10 Tarp
- Daypack or small backpack

#### Hunting Camp (Additional Optional Items)

- Camouflage and scent blocker
- Hunting License and Hunter's Education Card

#### Cowboy Camp (Additional Optional Items)

- Cowboy boots
- Hat

N:\WPFiles2\Y.O. Ranch\Adventure Camp\2009 Camp Documents\RegistrationForm.doc