



2016 Adventure Camps Medical Information Hold Harmless and Tee Shirt

Return to: Everett Parks and Recreation, 802 E. Mukilteo Blvd, Everett WA 98203

RETURN to RECREATION OFFICE by Thursday July 21 2016 (Fax: 425 257-8374 or jlewis@everettwa.gov)

This form **must be signed by a parent or guardian.** The information will be used to assist the staff in meeting your child's needs.

Camper's Name: _____ Birth Date: _____ Camper Age: _____
First Last

Ultimate Aug 1-4 | Ultimate Aug 15-18 | Double Ultimate Aug 22-26 | Male | Female | New Camper | Returning Camper

Parent/Guardian: _____

Camper Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Cell phone: () _____

EMERGENCY CONTACT (if not able to reach parent/guardian)

Name Relationship

Home Phone: () _____ Work Phone: () _____

Please list anyone other than those named above who may pick up your child from camp. (Only those named on this form will be allowed to leave with your child unless you personally speak to a staff member and leave a written permission slip.)

Name Relationship Phone

Name Relationship Phone

Medication

Participants must be able to take their own medication while at Camp. **If medication is required during Camp hours, a Medication Information and Waiver form must be signed and returned.**

Please list all meds camper is currently taking:

Medicine type: _____ Dosage and times taken: _____

Does medicine create side effect? Yes: No: If Yes, please explain: _____

Medicine type: _____ Dosage and times taken: _____

Does medicine create side effect? Yes: No: If Yes, please explain: _____

ALLERGIES (Pollen, Insect, Drug, Food, etc.)

List: _____

Reaction: _____

Treatment: _____

General Questions

- | | | | | | |
|----------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------|--------------------------|--------------------------|
| Does/has the camper: | Yes | No | | Yes | No |
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 2. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have a heart condition? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Vision or hearing impaired? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is your child at risk of harming self or others? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers, noting number of the questions or add any other relevant medical information: _____

Special Interests

Can camper swim? Yes No

What are child's favorite activities? _____

Additional comments and important information (helpful suggestions about interests, difficulties, etc.). _____



What do you expect your child to gain from this camp experience?

Doctor's Name _____ Phone _____

Doctor's Address _____ City _____

CAUTION! PLEASE READ CAREFULLY. WAIVER OF LIABILITY/RELEASE

To the fullest extent permitted by law, in consideration of the City of Everett granting my child the opportunity of attending or participating in Everett Parks Recreation Programs for the purpose of leisure enjoyment; and recognizing the fact that no benefits are derived by the City of Everett by allowing me/my child to attend or participate, I hereby release and hold harmless the City of Everett, its officers, employees, agents and volunteers from any and all liability claims, damages, costs, and expenses for both personal injury and/or property damage which may arise as a result of my child's participation in the program. I agree to assume all risks associated with the program. In case of any emergency, and you are unable to contact me/us and/or you believe it is necessary to obtain the services of a doctor and/or hospital without first contacting me/us, I hereby authorize you and my doctor or hospital to immediately render all services and treatment deemed necessary at my/our expense. I believe this child is not at risk of harming him/herself or others while in attendance in this day camp program.

I certify that the above information is true, correct, and complete. I understand that my child may become ineligible for any misrepresentations, falsifications or omissions in the above statements.

I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release printed above.



Signature of Parent/Guardian

Date

PHOTO/VIDEO RELEASE: I hereby grant permission and authorize the City of Everett to use, publish, copyright, and re-publish my photography of my child's photograph/video, in whole or in part, unchanged or modified, in all media that exists now or later, for purposes of promoting, describing and advertising City facilities and events and programs sponsored by the City of Everett. I also release and waive any and all claims against the City for such use, publication and re-publication.

I have read, understood, and voluntarily accepted the conditions of the Photo/Video Release printed above.



Signature of Parent/Guardian

Date

REGISTRATION NOT VALID WITHOUT SIGNED WAIVER

TOOL USE HOLD HARMLESS AGREEMENT

By signing this waver I give permission for my child to use the following tools: pocket knives, homemade saws, fire, and homemade bows and arrows, during The Ultimate Adventure Camp.



Signature of Parent/Guardian

Date

Adventure Camp T Shirt Size Please Check one (T Shirt included in registration fee.)

Size: Yth Medium Yth Large Adult Small Adult Medium Adult Large Adult XL





Everett Parks and Recreation Camp Medication Information and Waiver

Participant Name _____

If the participant requires medication prescribed for daily or regular administration **during the day at Adventure Camp** please complete the following information:

Medication:

Type	Dosage	Time	Medication must be given within:	Special Instructions/side effects/precautions
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	
			<input type="checkbox"/> 15 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour of assigned time	

I understand and agree to follow the City policies:

- I have informed the City of all medication, which I will be taking during the program, the side effects of the medication and what first aid would be appropriate.
- The staff may take custody of the medication, but I am still responsible for my own medication. **I will provide the medication packaged in prescription packages, labeled by a pharmacist. The label shall include the participant's name, physician's name and phone number, dosage amount, time taken, name and phone number of the pharmacy. Only medication for one day at a time will be brought to camp at once.**
- I acknowledge that the instructions on the pharmaceutical container are accurate. Furthermore, I agree to allow the City of Everett staff to assist, if necessary in the administration of my medication. I acknowledge that no medical staff will be provided and staff will not make any decision about dosage of medication.
- I understand that the City relies on the **accuracy and the completeness** of this information.

On behalf of _____ (name) and myself as parent or guardian, and heirs, executors and personal representatives of both, I release the City of Everett, its officers, employees, and agents, from any and all claims for injuries or damages of any kind that _____ (name) or I may suffer in connection to the administration of, or failure to administer, such medication.

Signature (legally responsible person) _____

Date _____

Day Time Contact (print) _____

Day Time Phone _____

Alternate Contact _____

Day Time Number _____

The Mountaineers 2015 **ACKNOWLEDGEMENT OF RISKS
AND WAIVER AND RELEASE OF LIABILITY**
Youth **Partnership** Program Participants

YPAR15

I hereby state that I approve of my child's participation in courses and/or activities offered by The Mountaineers, a non-profit corporation. I recognize any outdoor activity may involve certain risks, including but not limited to the hazards of traveling in mountainous terrain, accidents or illness in remote places, extreme heat, extreme cold, rain, snow, falling rock, hazardous plants, insects and animals, force of nature, and the actions of participants and other persons. I further understand and agree that without some program providing protection of its assets and its leaders, The Mountaineers would not be able to offer its courses and activities.

IN CONSIDERATION FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN MOUNTAINEERS ACTIVITIES, I HAVE READ OR HAVE HAD READ TO ME THE RISKS OF ACTIVITIES WITH THE MOUNTAINEERS. I VOLUNTARILY ACCEPT THE RISKS INVOLVED. I AM AWARE THAT MY CHILD WILL HAVE THE OPPORTUNITY TO PARTICIPATE IN, AND I APPROVE OF HIS/HER PARTICIPATION IN, MOUNTAINEERS ACTIVITIES INVOLVING A DEGREE OF RISK. I AGREE TO RELEASE ANY CLAIMS THAT I MIGHT HAVE AS AN ADULT FOR ANY LOSS, INJURY OR DAMAGE RELATED TO MY CHILD'S PARTICIPATION, INCLUDING CLAIMS BASED ON NEGLIGENCE.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE FOR MY CHILD'S ACCIDENT AND HEALTH COVERAGE WHILE PARTICIPATING IN ANY MOUNTAINEERS ACTIVITY. THE MOUNTAINEERS DOES NOT PROVIDE ANY ACCIDENT OR HEALTH COVERAGE FOR ITS PARTICIPANTS.

I give permission for The Mountaineers to use, without limitation or obligation, photographs or other media that may identify or include the image or voice or me or my child to promote or interpret Mountaineers programs for any business purpose, including media coverage. I waive all claims for any compensation for such use.

I HAVE READ OR HAVE HAD READ TO ME, AND I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS. I UNDERSTAND THAT THIS FORM MAY NOT BE ALTERED AND THAT MY CHILD MAY NOT PARTICIPATE WITHOUT THIS FORM SIGNED. I ACKNOWLEDGE THAT I HAVE SIGNED THIS OF MY OWN FREE WILL, THAT THIS DOCUMENT MAY AFFECT MY LEGAL RIGHTS, AND THAT MY CHILD'S PARTICIPATION IN MOUNTAINEERS ACTIVITIES IS PURELY VOLUNTARY.

Participant Name

Parent/Guardian printed name

Parent/Guardian Signature

Date



Participant Name: _____

Updated 8/17/16

DOUBLE Ultimate Adventure Camp 2016



Dear Parent(s)/Guardian(s),

We are excited to kick off our Double Ultimate Adventure Camp for this summer. We have many fun and adventurous activities planned for the week. Here is a list of things you need to know before dropping your child off at camp.

- Drop off is at 9:00 am Monday, Tuesday, and Wednesday at Forest Park. On Thursday please drop your child off at 2:00 pm at Forest Park. Please park and walk your child over to the picnic shelter to sign him/her **in and out**. Please make sure your child is on time. Our days are packed full of activities and we need all the time allotted.
- Pick up is at 4:00 pm Monday, Tuesday, and Wednesday. Pick up on Friday will be at 12:00 pm after the overnight.

What to bring to camp – (Mon thru Wed)

- **Apparel:** Make sure your child is prepared for the weather conditions. Weather will not stop us from participating in our activities.
 - Provide proper shoes daily. **NO FLIP FLOPS**. Hiking/water sandals are ok, but should be sturdy and closed toed. Your child must have supportive, lace-up shoes or hiking boots for Wednesday's hike to Twin Falls.
 - **Day Pack:** A day pack with the following items is required for camp:
 - Lunch: Provide your child with a hearty sack lunch each day. Refrigeration and microwaves are not available. Dinner and breakfast will be provided during the campout.
 - Sunscreen: Please apply sunscreen before camp and send additional sun screen with your child so that your camper can reapply as necessary. On occasion staff may need to assist your child apply sunscreen. If this is a problem, please notify the staff.
 - Reusable water bottle
- Please see overnight packing instructions on following page for additional items for the overnight.

Medication

- If your child requires prescription medication during camp hours, read and complete the attached Medication Information and Waiver form, and bring it with you on the first day of camp.

Safety

- Pocket knives are an adventurer's best tool. If your child wishes to bring their own knife they must be locking and have no larger than a 3 inch blade. Staff will hold on to all knives when not in use and they must be checked in each morning and checked out each afternoon. If your child does not have their own knife one will be provided for them. We will always have first aid equipment and trained staff on-site.

What not to bring to camp

- Please refrain from sending your child with electronic devices (Cell phones, iPod, Etc.). Leaders will have cell phones with them at all times in case of emergency and/or if you need to contact your child. Cell phone numbers are listed on the attached activity calendar.

Conduct

- Campers are expected to arrive with a positive attitude and willingness to participate. Additionally, any camper who does not respect staff, other campers, the environment, or equipment will be asked to meet with a staff member and the parent/guardian. If a solution cannot be reached or inappropriate behavior continues the child will be asked to leave camp.

We look forward to getting to know your camper this summer. If you have any questions or concerns, please feel free to contact us at the numbers/e-mails below. Please return the Registration Form, and the Medical Form (if necessary) by August 18th, 2016. Thank you.

Overnight Campout Instructions

Updated 8/17/16

Drop Off:

- Please drop your child off at 2:00 pm on Thursday at the Forest Park Picnic Shelter.

Pick Up:

- Please arrange for your child to be picked up at 12:00 pm on Friday afternoon at the Forest Park Picnic Shelter.

What to bring:

- Here is a list of things that you should send your child with on Thursday afternoon. Please remember that we are only staying one night. Please no large suitcases or duffle bags; backpacks are ok. Please label with child's name.
 - Pillow
 - Sleeping bag and pad
 - Flashlight
 - Basic toiletries
 - Including toothpaste and toothbrush
 - NOTE: We will not be taking showers
 - Complete extra set of clothes including sweatshirt and long pants
 - Medication (if needed)-Must have filled out medical information and waiver.
 - Sturdy shoes
 - Hat and sunscreen
 - Rain coat
 - Swim suit/towel

We will be providing other camping essentials including tents, cook stoves, and other kitchen supplies. A limited number of sleeping bags and pads are available for rent upon request. Please call Tucker Thomas at 425-257-8373 to arrange the rental at least 1 weeks prior to camp.

Food

- Dinner on Thursday night will be cooked by the campers.
 - Ground beef, Red Peppers, Onions, Garlic, Tomatoes, black beans, chicken, cheese, milk, cream of chicken soup, Doritos, lettuce, and Mixed spices.
- Snack on Thursday night will include:
 - Crescent rolls, vanilla pudding and cholate frosting
- Breakfast on Friday morning will be cooked by the staff. Campers will have the option of choosing from the following items:
 - Egg and Sausage wraps

Please notify the staff if your child is allergic or cannot eat any of the foods on this list as soon as possible so an alternative can be prepared.

Carolyn Henri
Adventure Camp Director
Cell: 425-308-1634

Tucker Thomas
Recreation Leader/co-director
Cell: 425 879-2555

Updated: 8/17/2016

2016 Double Ultimate Adventure Camp Calendar

August 22-26, 2016

Day 1: 9AM-4PM Strap in, We're Goin' Up!		Tuesday, August 23
Location	Activity	Comments
Mountaineers Clubhouse, Sandpoint Seattle	<ul style="list-style-type: none"> • Rock Climbing 	"Spiderman, is that you?"

Day 2: 9AM-4PM "Fun"damentals		Monday, August 22
Location	Activity	Comments
Squire Creek Campground, Darrington	<ul style="list-style-type: none"> • Group Challenge Games • Tools and ropes use • How to set up a campsite 	<ul style="list-style-type: none"> • Teambuilding and get to know you games • Knife skills and knot tying • How to set up a tent and bathroom etiquette

Day 3: 9AM-4PM A-Hiking We Will Go		Wednesday, August 24
Location	Activity	Comments
Twin Falls, North Bend area	<ul style="list-style-type: none"> • Hiking and waterfall viewing • What to do if you get lost 	<ul style="list-style-type: none"> • Hiking techniques • The STOP techniques • The 10 Essentials

Day 4: 2PM Start A-Tenting We will Go		Thursday, August 25
Location	Activity	Comments
Flowing Lake County Park, Snohomish County	<ul style="list-style-type: none"> • Setting up camp • Cooking over a fire • Evening camp fire 	<ul style="list-style-type: none"> • Tents and kitchen (provided) • "Chopped" Challenge Meal • Camp fire stories and s'mores <p>Kids may bring own fishing gear if they wish</p>

Day 5: 12pm NOON Pick-up Good Times, We're Back!		Friday, August 26
Location	Activity	Comments
Flowing Lake County Park, Snohomish County	<ul style="list-style-type: none"> • Breakfast • Leave No Trace Camping • Camp Awards 	<ul style="list-style-type: none"> • Egg and Sausage Wraps • Clean up entire site <p>THANKS FOR COMING TO CAMP!!! Hope to see you next year!</p>

CONTACTS:

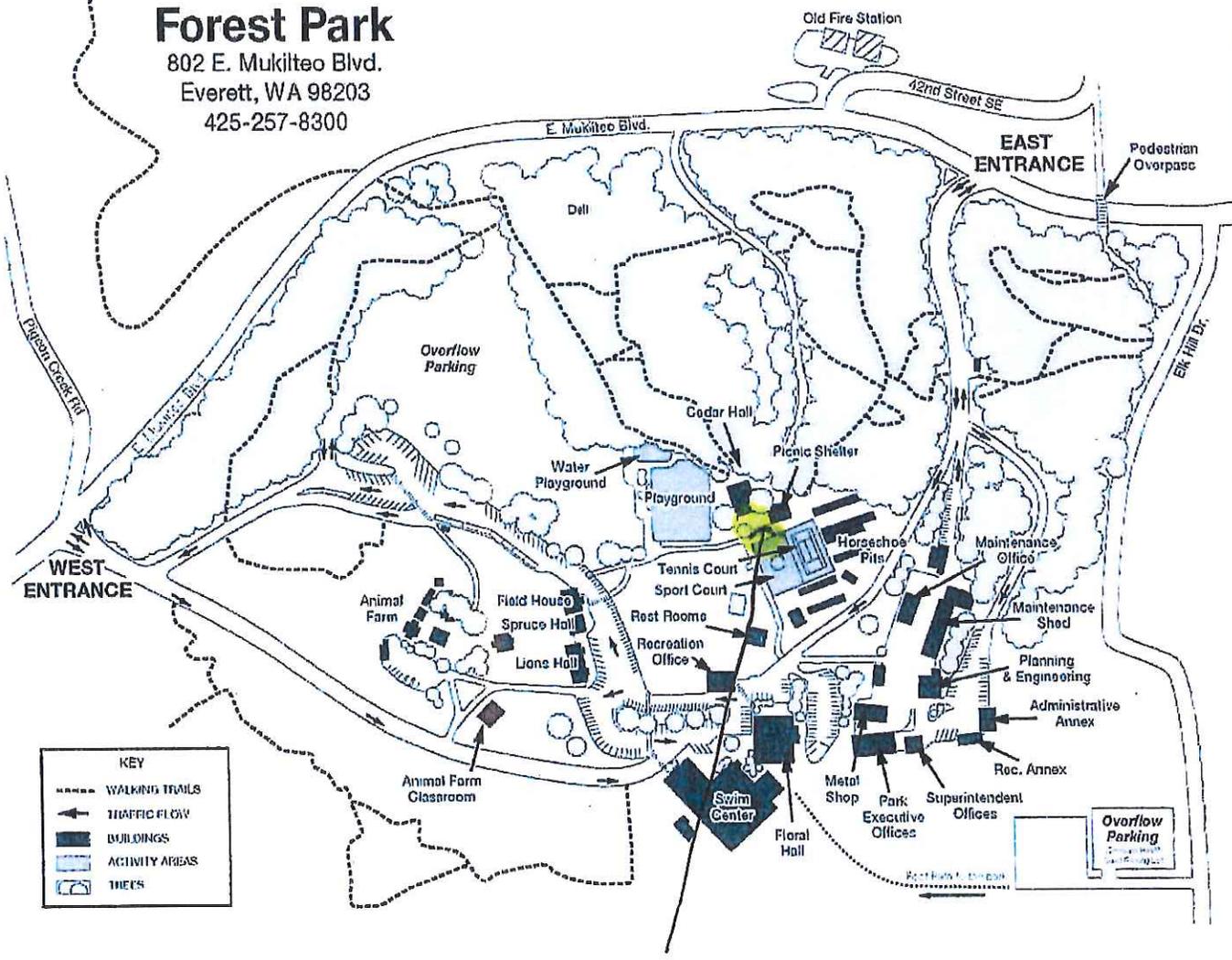
Carolyn Henri
henri98203@comcast.net
Cell: 425-308-1634

Tucker Thomas
tthomas@everettwa.gov
Cell: 425 879-2555

Jane Lewis
jlewis@everettwa.gov
Office: 425-257-8369
Cell: 425-879-2952

Forest Park Aerial Map

Forest Park
 802 E. Mukilteo Blvd.
 Everett, WA 98203
 425-257-8300



KEY	
	WALKING TRAILS
	TRAFFIC FLOW
	BUILDINGS
	ACTIVITY AREAS
	TRAILS

*Meet Outside
 Cedar Hall, near the
 picnic shelter.*