



## Welcome to *the Wilds*

Hello,

Thank you for choosing WildeCamp at *the Wilds*. This packet contains all the registration forms you must complete. Please submit the following:

- The WildeCamp Participant Registration form signed by both you and your camper sign in the appropriate places
- A signed copy of the WildeCamp Policies form
- The WildeCamp Questionnaire
- A photocopy of your insurance card (if you have one)
- The Off-site Permission Page
- Payment form with a check or credit card information

**Complete and return all forms 2 weeks before camp begins:**

WildeCamp  
at *the Wilds*  
14000 International Rd.  
Cumberland, OH 43732

If, at any time, you have questions or concerns, please contact Troy Burch at 740-638-5030 ext. 2231 or [tburch@thewilds.org](mailto:tburch@thewilds.org).

**Note: WildeCamp Registration is not complete and spaces will not be held until *the Wilds* receives all registration forms and full payment for the desired session(s).**

Sincerely,

Troy Burch  
Conservation Education Specialist  
*the Wilds*



Food Allergies

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Other Allergies (include insect stings, hay fever, asthma, animal dander, poison ivy, etc.)

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Attach additional pages if necessary.

**Special Dietary Restrictions or Requirements:** Check and describe.

NO Red Meat

NO Pork

NO Eggs

NO Poultry

NO Seafood

NO Dairy Products

Other (describe below)

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**Activity Restrictions:** Explain any restrictions, what can be done, and what adaptations or limitations are necessary.

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*KIDS SIGN HERE!*

**Signature of Participant (Camper)**

I understand and agree to abide by any restrictions placed on my participation in camp activities according to this form and agree to obey all rules set by *the Wilds* staff:

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**CAMPER SIGN HERE (not parent)**

**Other Conditions or Circumstances:** Describe any conditions or circumstances about the participant's behavior and physical, emotional, or mental health that will help *the Wilds* camp staff meet your child's needs.

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**Medical Authorization**  
**PARENT / GUARDIAN MUST COMPLETE THIS ENTIRE SECTION**

If the participant is a minor, I authorize American Red Cross first aid/CPR certified personnel of *the Wilds* to:

- Dispense acetaminophen (Tylenol) to the participant for headache, fever, minor pain  Yes  No
- Dispense diphenhydramine HCL (Benadryl) to participant for allergic reactions  Yes  No
- Provide first aid treatment and/or emergency medical treatment to participant  Yes  No
- Administer prescribed medications  Yes  No
- Seek emergency medical treatment including x-rays or routine tests  Yes  No
- Arrange necessary transportation for me or my child  Yes  No
- If I cannot be reached, I give permission to the physician selected by *the Wilds* to secure and administer treatment, including hospitalization for the participant named above.  Yes  No

**General Health Questions**  
**PARENT / GUARDIAN MUST COMPLETE THIS ENTIRE SECTION**

<b>Has/does the participant:</b>	<b>YES</b>	<b>NO</b>
1. Had any recent injury, illness or infectious disease?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____
3. Ever been hospitalized?	_____	_____
4. Ever had surgery?	_____	_____
5. Have frequent headaches?	_____	_____
6. Ever had a head injury?	_____	_____
7. Ever been knocked unconscious?	_____	_____
8. Wear glasses, contacts, or protective eyewear?	_____	_____
9. Ever had frequent ear infections?	_____	_____
10. Ever passed out during or after exercise?	_____	_____
11. Ever been dizzy before or after exercise?	_____	_____
12. Ever had seizures?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____
14. Ever had high blood pressure?	_____	_____
15. Ever been diagnosed with heart murmur?	_____	_____
16. Ever had back problems?	_____	_____
17. Ever had problems with joints (i.e., knees, ankles, etc.)?	_____	_____
18. Have an orthodontic appliance being brought to camp?	_____	_____
19. Have any skin problems (itching, rash, acne)?	_____	_____
20. Have diabetes?	_____	_____
21. Have asthma?	_____	_____
22. Had mononucleosis in the past 12 months?	_____	_____
23. Had problems with diarrhea/constipation?	_____	_____
24. Have problems with sleepwalking?	_____	_____
25. If female, have an abnormal menstrual history?	_____	_____
26. Ever had an eating disorder?	_____	_____
27. Have a history of bed-wetting?	_____	_____
28. Ever had emotional difficulties for which professional help was sought?	_____	_____

**Please explain any "yes" answers, noting the number of the question:**

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Attach additional pages if necessary.

**Immunization and Illness Records**

**Which of the following has the participant had?**

- Measles    Chicken Pox    German Measles    Mumps    Hepatitis A    Hepatitis B    Hepatitis C

**Immunization Records:**

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/Diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
• Or Measles	_____	_____	_____	_____	_____	_____
• Or Mumps	_____	_____	_____	_____	_____	_____
• Or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____

TB Mantoux Test (Date of last test): \_\_\_\_\_ Results:  Negative  Positive

## Family Physician Contacts

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**IMPORTANT – PLEASE COMPLETE  
AND ADVISE *WILDS* STAFF IN WRITING IF ANY CHANGE**

Person(s) Authorized to Drop my Child at Camp (print names and their phone numbers):

Person(s) Authorized to Pick Up my Child at Camp (print names and their phone numbers):

**Note: No other persons are permitted to drop off or pick up any camper for any reason** without written authorization from Parent or Guardian. Please consider who you would ask to pick up your camper in the event of an emergency and add them to this list. You will be issued a **Pick-Up Tag for your camper** that must accompany the person(s) taking the camper from *the Wilds*.

### Release of Liability

I acknowledge that certain hazards and dangers are inherent in outdoor activities and programs. I hereby release *the Wilds*, its officers and employees, from any claims for personal injury or property damage arising out of participant's participation in WildeCamp Summer Camp. I also authorize this health form as correct and complete as far as I know. The participant herein described has permission to engage in all camp activities except as noted. Additionally, I authorize *the Wilds* to use any photos of my camper for promotional use. All Work Camps and Counselor-In-Training (OIKOS) activities are for learning purposes only and are not subject to compensation. I authorize the persons listed above to drop-off or pick-up my child. I understand that an injury sustained by the participant while participating in WildeCamp Summer Camp will not be covered by *the Wilds*' insurance.

Participant or Parent / Guardian Name: \_\_\_\_\_

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

***PARENT / GUARDIAN SIGN HERE***

**Note: WildeCamp registration is not confirmed until *the Wilds* receives full payment and completed forms.**

**WildeCamp  
at the Wilds  
14000 International Rd.  
Cumberland, OH 43732  
740-638-5030 x2231**

Questions? Email [tburch@thewilds.org](mailto:tburch@thewilds.org)





# WildeCamp Policies

## Refunds:

*the Wilds* refunds the full amount for cancellations made four weeks, or more, prior to the first day of camp. There is a \$100 cancellation fee for cancelling within four weeks of the first day of camp.

## "Do Not Bring" Items:

Any camper possessing an item listed as "Do Not Bring" on the "Bring It List" will be sent home without a refund. The "Bring It List" list will be provided with confirmation forms following registration and payment.

## Violence:

*the Wilds* has a zero tolerance policy regarding violence. Campers exhibiting violent behavior will be sent home without a refund.

## Calling Home:

To reduce homesickness, we refrain from allowing campers to talk to their parents during camp. Please do not encourage them to call home. Consider sending letters, packages, or e-mails to your camper at the following addresses. For e-mails, write "WildeCamper [camper's name]" in the subject line. Mail is delivered daily.

WildeCamper "their name"  
c/o Troy Burch  
the Wilds

14000 International Rd  
Cumberland, OH 43732

"tburch@thewilds.org" and "dbrooks@thewilds.org"

## Writing Letters Home:

Send stamped, pre-addressed envelopes and stationary with your camper to allow them to write home.

**I verify that I have read and understand the policies set forth in this document.**

Parent / Guardian Name: \_\_\_\_\_

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

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

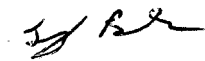
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WILDECAMP QUESTIONNAIRE for 2010

## WildeCamper Parents / Guardians

We want to be able to serve you, your camper, and your camper's needs in the best possible way and make their stay at *the Wilds* a joy and pleasure. Help us by filling out the enclosed questionnaire about your child. This information will be provided to our counselors so they may get to know your child before camp begins. Thank you for encouraging your young person to become one of tomorrow's "Earth keepers".

Truly,



Troy Burch  
Conservation Education Specialist  
*the Wilds*

**YURT OPTION - Please place my camper in the same yurt as:**

\_\_\_\_\_ / \_\_\_\_\_

**Write in no more than 2 other campers that are attending the same session.**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Camper's interests in wildlife (please be specific):

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Camper's past experiences with animals:

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Pets camper has cared for:

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Camper's hobbies, sports, and interests:

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Has camper been to WildeCamp before? YES NO If so, what year(s)? \_\_\_\_\_

Has camper been to another camp program before? YES NO

Duration of longest session attended in days \_\_\_\_\_

Please circle camper's t-shirt size: **Youth – S M L Adult – S M L XL XXL**

NOTE: Youth XL is the same size as an Adult M

Potential difficulties you believe your camper may have at WildeCamp:

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Limitations on activity participation that need to be addressed with camper:

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Additional concerns you possess about your child's welfare:

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My camper is (rate the following):

	None				Moderately				Highly		Don't Know
	1	2	3	4	5	6	7	8	9	10	DK
Allergic to poison ivy	1	2	3	4	5	6	7	8	9	10	DK
Able to swim	1	2	3	4	5	6	7	8	9	10	DK
Afraid of heights	1	2	3	4	5	6	7	8	9	10	DK
A people person	1	2	3	4	5	6	7	8	9	10	DK
Introverted	1	2	3	4	5	6	7	8	9	10	DK
Academically inclined	1	2	3	4	5	6	7	8	9	10	DK
Sensitive to sun	1	2	3	4	5	6	7	8	9	10	DK
Rebellious at times	1	2	3	4	5	6	7	8	9	10	DK
Usually compliant	1	2	3	4	5	6	7	8	9	10	DK
Very energetic	1	2	3	4	5	6	7	8	9	10	DK
Laid back	1	2	3	4	5	6	7	8	9	10	DK

Thanks for taking the time to give us a preview of your camper! We'll see you at WildeCamp!

**If you have questions or concerns about WildeCamp, contact:**

**Troy Burch**  
**[tburch@thewilds.org](mailto:tburch@thewilds.org)**  
**740-638-5030 x2231**  
**14000 International Rd.**  
**Cumberland, OH 43732**

# 2010 WildeCamp Earthkeepers Session Off-Site Permission Form

Earthkeepers spend one day off-site visiting a State Natural Area with WildeCamp Staff.

**Please note that all campers go on this day-trip, therefore your signature and agreement is required for your camper to attend an Earthkeepers WildeCamp session.**

If you would like to advise the WildeCamp staff of any circumstances or special needs, please note them in the space below or on the back of this form.

## **PARENT / GUARDIAN CONSENT FOR OFF-SITE ADVENTURE**

As the legal parent / guardian of \_\_\_\_\_, age \_\_\_\_\_, sex \_\_\_\_\_,  
(please print camper's name)

I give permission for my camper to travel off-site with *Wilds* staff. I understand that all emergency procedures and *Wild's* staff responsibilities will be the same as when campers are at the Conservation Camp at *the Wilds*.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your contact phone number on the day of the off-site: \_\_\_\_\_

Additional requests or concerns:

**YOU MUST SIGN RELEASE/DISCLAIMER ON THE FOLLOWING PAGE**

**RELEASE / DISCLAIMER**

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY WILDS PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE WILDS PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD THE WILDS ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that the Wilds does not have on or about the premises, or employ any medical services.

In consideration of my child's participation in and the use of the Wild's facilities, I hereby release and covenant not to sue the Wilds, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in the off-site day venture.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.**

Parents or guardians must sign if applicant is UNDER 18.

**Parent / Guardian Name (print):**

**DATE:**

**Parent / Guardian Signature:**

**DATE:**

# 2010 WildeCamp Payment Form

Participant Name: \_\_\_\_\_  
First Middle Last

Parent/Guardian Name: \_\_\_\_\_

Session	Title	Date	Non Member	Member	Total
A	Earthkeepers	Jun 13-19	\$ 490.00	\$ 420.00	\$ _____
B	Kritterkids	Jun 20-24	\$ 315.00	\$ 285.00	\$ _____
C	Creature Corps	Jun 27-Jul 3	\$ 455.00	\$ 410.00	\$ _____
C	Oikos	Jun 27-Jul 3	\$ 455.00	\$ 410.00	\$ _____
D	Earthkeepers	Jul 4-10	\$ 490.00	\$ 420.00	\$ _____
E	Xtreme	Jul 11-17	\$ 550.00	\$ 470.00	\$ _____
F	Kritterkids	Jul 18-22	\$ 315.00	\$ 285.00	\$ _____
G	Creature Corps	Jul 25-31	\$ 455.00	\$ 410.00	\$ _____
G	Oikos	Jul 25-31	\$ 455.00	\$ 410.00	\$ _____
H	Earthkeepers	Aug 1-7	\$ 490.00	\$ 420.00	\$ _____
I	Creature Corps	Aug 8-14	\$ 455.00	\$ 410.00	\$ _____
I	Oikos	Aug 8-14	\$ 455.00	\$ 410.00	\$ _____
J	Working Wilds	Aug 15-20	\$ 675.00	\$ 610.00	\$ _____

**Please make checks payable to *the Wilds*.** Check Enclosed

**Credit Card Payment Method:** Visa MC Discover Am. Exp.

Card#: \_\_\_\_\_

Exp.Date: \_\_\_\_\_ 3-4 Digit Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

City

State

Zip

**Name must be as it appears on credit card.**

**If you wish, credit card payments may be phoned in by calling *the Wilds*' Reservation Coordinator at 740-638-5030 ext 2286. If you call in your payment, do not submit a payment form with your registration forms.**