

**Winnebago Presbytery Fall Camp
RELEASE FORMS**

1. Print out forms; complete forms.
2. Sign forms.
3. Mail with check to: Winnebago Presbytery
5765 W. Grande Market Dr., Ste B
Appleton, WI 54913-8471

Cost
\$125/camper \$20/adult
Checks payable to:
Winnebago Presbytery
Camp Scholarships may be available
Contact the Presbytery through your
Youth Leader

Name: _____ Church/City _____
(Green Bay 1st, Shawano)
Male ___ Female ___ Age _____ Grade _____ Birth date: _____
Mailing Address _____
Email: _____ T-Shirt Size _____

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**PRESBYTERY PERMISSION FORM AND MEDICAL RELEASE**

**PLEASE PRINT**

I (parent or guardian) \_\_\_\_\_ give my permission for  
\_\_\_\_\_ to attend the **Winnebago Presbytery Fall Camp** from  
**October 27-30, 2011**. I do \_\_\_ I do not \_\_\_ grant Winnebago Presbytery permission to publish  
photos/videos of \_\_\_\_\_. I understand that photo/video subjects are not identified by  
name, and the photo/videos are used to enhance the communication and ministry of the congregation by  
enlivening descriptions of Presbytery activities and special events.

Parent or Guardian: \_\_\_\_\_  
(Please sign)

**FOR OUR INFORMATION**

In Case of Emergency:

• **Primary Person to contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

• **Alternate Person to contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Birth Date of Policy Holder \_\_\_\_\_

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

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

**MEDICAL HISTORY**

Chronic Illnesses: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**List all Current Medications, Dosages and Dispensing Times:** (for example: 2x/day morning & evening; with meals; before bedtime; or a specific time.)

**All medications must be brought in their original prescription bottle and properly labeled with camper name, dosage, and medication name.**

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

**Should we be aware of any other special needs?** \_\_\_\_\_  
\_\_\_\_\_

We (I) authorize the Camp Nurse to administer medications and treat minor injuries while my child is at camp October 27-30, 2010.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Winnebago Presbytery.

The undersigned do hereby give permission for our (my) child, to attend and participate in activities sponsored by Winnebago Presbytery.

\_\_\_\_\_  
(Parent/Guardian Please sign)

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

# WISCONSIN LIONS CAMP ADVENTURE EDUCATION EXPERIENCES

**(Required parent/guardian signature)**

## **Assumption of Responsibilities and Risks Participant Consent**

Your signature below indicates that:

I, \_\_\_\_\_ have read all the information presented on the  
(Parent, please print name)  
preceding page. I understand and agree to accept the risks and responsibilities associated  
with \_\_\_\_\_ participating in the Wisconsin Lions Camp program.  
(Print participant's name)

I understand that some components may involve strenuous physical activity and participation in all activities is voluntary.

In the unlikely event of any illness or injury, I give my consent to have the Wisconsin Lions Camp administer first aid and to secure professional medical services as needed.

Furthermore, I hereby release and hold harmless the Wisconsin Lions Camp, operated by the Wisconsin Lions Foundation, Inc., its employees, agents, and volunteers from liability for any damages, injuries or losses which may occur while participating in this program, or which may occur by omission or commission of acts by said employees or volunteers, gross neglect or intentional misconduct alone being excepted.

I have read, understand, and agree to follow all of the rules described in the preceding page and above paragraphs.

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Please Sign

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Date

# WISCONSIN LIONS CAMP ADVENTURE EDUCATION EXPERIENCES

(For minors under 18, you and your parent/legal guardian must read and sign.)

## **General information:**

This information is provided to introduce you and your son/daughter to the benefits, risks, and responsibilities associated with participation in all adventure programs. Please read the following carefully. If your son/daughter chooses to participate in the adventure education program at the Wisconsin Lions Camp, your signature (as parent/guardian) is required in the appropriate space on the back. This form must be turned in to your group leader before your son/daughter participates in the program.

## **What is an adventure education experience?**

Adventure education is the purposeful use of activities in which there are real and perceived risks and where the outcomes are uncertain but can be influenced by the participants. The adventure education experience is founded upon the idea of learning by doing and its purpose is to give people opportunities to develop awareness and skills that lead to personal and group achievement.

## **What are the activities?**

Adventure education experience programs are created from a combination of some or all of the following curriculum areas: trust building, team building, problem solving, and low and high challenge courses. The activities can be physically demanding and may include running, jumping, lifting, spotting others, and climbing to heights. The activities can be mentally, socially, and emotionally challenging as well. Participants will need to learn the skills and specific safety procedures associated with all activities including the proper use of safety equipment.

## **Do participants have choices?**

The philosophy of adventure education is challenge by choice, which means that we believe maximum benefits and learning occur when challenges are freely chosen by the participants. The instructors will make every reasonable effort to teach the associated skills and safety procedures which help create a supportive environment where accepting challenges is encouraged but not pressured. A participant's responsibility is to make appropriate choices regarding participation in the activities based on their understanding of the benefits to be gained, risks involved and their fitness level.

## **What are the risks in participation?**

The adventure education instructors are skilled and experienced and will make every reasonable effort to minimize exposure to known risks associated with the activities. However, they cannot guarantee total protection from all risks. Different program components carry different levels of potential risks that are not just limited to losses of a physical nature. The risks may be social or emotional in nature, as well. With regard to physical losses, it has been determined that participants in an adventure program have less injuries than do participants in school sports, recreation or physical education programs. This does not mean that injuries cannot and do not occur in adventure education experiences.

## **What are the participants' responsibilities?**

Participants must be responsible for their own safety and for the safety of others. For this to happen, participants must learn and follow all safety rules and their leader's instructions. Participants must develop a questioning attitude and make their instructors aware at any point during an activity in which they question their knowledge of safety rules or their ability to participate.