UNC NORTH CAROLINA JAYCEE BURN CENTER

Camp Celebrate
May 16-19, 2019

Dear CIT's and Parents,

It is once again time for Camp Celebrate and we are very excited! You will find the Registration Packet attached to this letter. Please pay special attention to each page, as each CIT must have everything completed in order to attend camp. All materials are due by April 1st[h].

Pages 2-3	Registration All Camper/CIT's	Parent/Guardian complete for camper/CIT	Please be sure to complete section in blue regarding
Pages 4-6	Health Form All Camper/CIT's	Parent/Guardian complete for camper/CIT	This much be complete for camper to attend camp.
*Page 6	All Camper/CIT's	*Healthcare Provider complete*	This section is at the bottom of page 6 and must be completed by a healthcare provider. Do not wait to get this completed!
Page 7	All Camper/CIT's	Camp Staff to complete	Will be completed at check-in. Send in with packet.
Page 8-9	CIT's ONLY	CIT to complete	Please complete all sections. Put thought into questions.
Page 10	All Camper/CIT'ss	Camper/CIT and Parent/Guardian must sign	Please discuss this page with your child/camper.
Page 11-12	All Camper/CIT'ss	Parent/Guardian to sign	Pictures and information regarding your camper are used on the Burn Center webpage, for media coverage regarding camp and for professional presentations. The Burn Center is very protective of its patients and their personal health information. If you have any concerns regarding this release, please contact our staff.
Page 13	All Camper/CIT's must sign	Camper/CIT and Parent/Guardian	Individual Fire Departments are responsible for the campers they carry on their trucks to camp. A minimum of 2 campers will be on each truck.
Page 14	Camper/CIT'ss Ages 12-18	Camper and Parent/Guardian must sign	Please sign even though your child may say they are not interested in participating. Part of the goal for Camp Celebrate is to encourage campers to face their fears. However, please know that we do not force anyone to participate in this activity.

***Please complete the entire Registration Packet and return by April **1, 2019** !**

Mail completed packets to:
Camp Celebrate
North Carolina Jaycee Burn Center
101 Manning Drive, Campus Box 7600
Chapel Hill, NC 27599-7600

OR

Fax to:
984-974-1870

If you have any questions, please contact Michele Barr, Camp Director at 919-962-8427 or michele.barr@unchealth.unc.edu. Please email us if you fax it in, so we can verify we get it!

We look forward to seeing you at camp!

The Burn Aftercare Team

UNC NORTH CAROLINA JAYCEE BURN CENTER

Camp Celebrate
May 16-19, 2019

CIT REGISTRATION FORM

CIT's Full Name: _____ Name Called: _____
(First) (MI) (Last)

Date of Birth: _____/_____/_____ Age: _____ ☐ Male ☐ Female

Mailing Address: _____
Street City/State/Zip Code

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Mailing Address: _____
(If different from Camper) Street City/State/Zip Code

Phone: home ( ) _____ work ( ) _____ cell ( ) _____

Does the CIT have a "smart" Cell Phone? ___yes ___no Can the phone receive text messages? ___Y ___No

Can we have permission to communicate directly via phone with the CIT prior to camp? ___Y ___No

Parent/Guardian Email: _____

CIT's cell phone number: _____Cit's email address:_____

May we contact the CIT directly via email? ____Yes ____No

Emergency contact (other than parent/guardian): Name: _____

Phone ( ) _____ Alternate number: ( ) _____

Relationship to camper: _____

Transportation:

Who is bringing CIT to Check-In?

Name: _____ Phone: ( ) _____ Relationship: _____

Who will pick up CIT at the end of camp?
Name: _____ Phone: ( ) _____ Relationship: _____

Is anyone else authorized to pick up CIT from camp? ☐ Yes ☐ No
If yes, who?

Name: _____ Phone: ( ) _____ Relationship: _____

*****IMPORTANT NOTE!*****

We do not want any CIT to miss coming to Camp Celebrate because of lack of transportation! We do not provide transportation to camp, however we can put you in contact with other parents or firefighters from your area if you need assistance with transportation. If you have questions or would like to discuss your transportation needs, please contact the Aftercare Office at 919-962-8427

In order to ensure that your child feels respected and to maximize their camp experience, please help us to know him/her better.

What language does CIT speak? _____

Has CIT ever been to an overnight camp? ☐ Yes ☐ No

Has CIT ever been to Camp Celebrate? ☐ Yes ☐ No

If yes, what years? _____

CIT's School: _____ Location: _____

How well can CIT swim? ☐ Does not swim ☐ Not well ☐ OK ☐ Good ☐ Very Well

Please tell us anything you think important for us to know about your CIT while at camp.

_____

Year in school: ☐ Sophomore ☐ Junior ☐ Senior ☐ Early College Estimated Graduation year:_____

CIT T-shirt size:

☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult Extra Large ☐ Adult 2XL ☐ Adult 3XL

*****Sunday Family Picnic*****

Each camper/CIT's family is invited to join us for lunch on Sunday, the last day of Camp Celebrate! It is important that we know exactly how many people will be attending. (not including your camper/CIT)

Our family plans to have lunch at Camp Celebrate on Sunday May 19 at 11am: ☐ Yes ☐ No

Number of adults who will be attending: _____

Number of children over age 6 attending (NOT including camper): _____

Number of children 6 and under attending: _____

UNC NORTH CAROLINA JAYCEE BURN CENTER

Camper/CIT Name: _____
First Middle Last

☐ Male ☐ Female Birthdate: _____/_____/_____
Month / Day / Year

Age on arrival at camp: _____

HEALTH FORM

All campers / CIT's are **required** to have a completed health form.

CIT Home Address: _____
Street City State Zip Code

Parent or guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to CIT: _____

Home Address: _____ Phone ( )_____
Street City State/zip

Preferred Phone numbers: Cell ( )_____ Work ( )_____

Other ( )_____ Email: _____

Second parent/guardian or other emergency contact:

Name: _____ Relationship to CIT: _____

Home Address: _____ Phone ( )_____
Street City State/zip

Preferred Phone numbers: Cell ( )_____ Work ( )_____

Other ( )_____ Email: _____

Family Physician: _____ Phone ( )_____

Family Dentist/Orthodontist: _____ Phone ( )_____

Is CIT covered by family medical insurance? ☐ Yes ☐ No

Insurance Co: _____ Policy Holder: _____ Policy # _____

Please indicate any pertinent information or requests regarding medical conditions which may limit or alter camp participation.

Activity Restrictions:

Dietary Restrictions:

Medical Treatments:

EMERGENCY AUTHORIZATION:
I hereby give my permission to the medical staff at *Camp Celebrate* to order xrays, routine tests, and routine treatment for my child. In the event I cannot be reached in an emergency, I hereby give permission to the medical staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, surgery for my child named above. I understand and accept that UNC Hospitals and *Camp Celebrate* may use Personal Health Information (PHI) for purposes of treatment, payment, and health care operations. I hereby give permission for necessary PHI to be released to insurance carriers, health care treatment facilities, and other professionals. This includes PHI from pharmacies, hospitals and clinics.

Signature of parent/guardian, or adult camper / staffer: _____ Date: _____

Camper Name: _____
First Middle Last

HEALTH HISTORY (To be completed by parent/guardian)

ALLERGIES: Does your child have any known drug, food or environmental allergies? ☐ Yes ☐ No
(medications, peanuts, poison ivy, bee stings, etc)
If yes, please list and reaction:

IMMUNIZATIONS: Were immunizations completed prior to entrance to school? ☐ Yes ☐ No
Month/Year of last Tetanus immunization (DPT,DT,T) _____ Month _____ Year

General health history: check "yes" or "no" for each statement. Explain "yes" answers below.

Has/does the camper/CIT have?	YES	NO	Has/does the camper/CIT have?	YES	NO
1. Chronic or recurrent illness?	☐	☐	15. Fainting or dizziness?	☐	☐
2. Illness lasting over one week?	☐	☐	16. Concussion/unconsciousness?	☐	☐
3. Hospitalizations?	☐	☐	17. Heat stroke/exhaustion/problem with heat?	☐	☐
4. Surgery?	☐	☐	18. Sleepwalking?	☐	☐
5. Recent infectious disease?	☐	☐	19. Nose bleeds?	☐	☐
6. Recent injury?	☐	☐	20. Frequent ear infections?	☐	☐
7. Asthma/wheezing/shortness of breath?	☐	☐	21. Intolerance to strenuous exercise?	☐	☐
8. Diabetes?	☐	☐	22. Emotions problems?	☐	☐
9. Seizures?	☐	☐	23. Behavioral problems?	☐	☐
10. Frequent Headaches/Migraine?	☐	☐	24. Bedwetting problems?	☐	☐
11. Orthopedic injury/abnormality?	☐	☐	25. ADD/ADHD?	☐	☐
12. Problems with heart/blood pressure?	☐	☐	26. Wear glasses/contacts?	☐	☐
13. Chest pain with exercise?	☐	☐	27. Wear braces/appliances?	☐	☐
14. If female, problems with periods/menstruation?	☐	☐	28. Had a significant life event that continues to affect the camper's life?	☐	☐

Please explain all "yes" answers:

Date of Burn Injury: _____/_____ (Month / Year) Age at time of Burn Injury: _____ area(s) of body burned: _____

Where did camper/CIT receive treatment for his/her burn injury?
☐ UNC North Carolina Jaycee Burn Center ☐ Wake Forest University Baptist Medical Center
☐ Other _____

Does camper/CIT currently wear pressure garments? ☐ Yes ☐ No
If yes, please send these to camp and outline wearing instructions here:

Does camper/CIT use creams or lotions on his/her skin? ☐ Yes ☐ No
If yes, please send these to camp with your child and outline type, location and frequency of applications:

Does camper/CIT wear a splint, prosthesis, or an orthopedic device? ☐ Yes ☐ No
If yes, please send these to camp with your child and outline type and wearing schedule:

Will camper/CIT have any wound care/therapy needs other than creams/lotion/sunscreen? ☐ Yes ☐ No
If yes, please bring wound care supplies with your child to camp and outline instructions here:

Camper Name: ____
First Middle Last

HEALTH HISTORY *continued*

Medication: ☐ **This CIT will not take any daily medications while attending camp.**
☐ **This CIT will take the following daily medication(s) while at camp:**

****In order for your child to get the most out of the camp experience, please send your child to camp with his/her medications, ESPECIALLY ADD/ADHD medications. All medication must be listed below (use back of form if more room is needed) and provided by parent/guardian in a container properly labeled by a pharmacist with identifying information (eg the name of the child, medication dispensed, dosage required, and the time and route it is to be given.) Provide enough of each medication for the entire weekend!**

Name of medication	Reason for taking it	When it is given	Amount or dose	How given
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time: __________		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time: __________		
		☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ Other time: __________		

Parent Permission:

I hereby give my permission for my child ____ to receive medication during camp. The above medication(s) has been prescribed by licensed medical provider. Medications listed below are non-prescription and would only be given as needed for illness/injury. I hereby release UNC Healthcare and their agents/employees from any and all liability that may result from my child taking medication at camp.

Parent/Guardian Signature: ____ Date: ______________________________

The following non-prescription medications may be stocked in the Camp Celebrate Health Center and are used on an as needed basis to manage illness and injury. **Cross out those this camper should not be given.**

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/Allergy medicine (Zyrtek, Claritin)
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimite)
Calamine Lotion
Laxatives for constipation (Ex-Lax,)
Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (RobitussinDM)
Generic cough drops
Antibiotic Cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

* *

*****To Be Completed by Medical Provider*****

Health Care Recommendations by Licensed Medical Personnel (signed within 12 months of examination).

I have examined the above camp participant. Date of last examination ___________________________________

In my opinion the above applicant _____is, _____ is not able to participate in an active camp program.

Please list any medical information the camp medical staff should be aware of regarding this camp participant:

Signature of Licensed Medical Personnel ____

Printed ____ Title ______________________________

Address ____

Phone ( ) ____________________________________ Date ______________________________

(Camp Use Only)

CIT Name: ____
First Middle Last

Birthdate: _____/_____/_______
Month / Day / Year

Initial Screening: **Date /Time:** ____

Completed by: ____
Name / Credentials

Brought to Camp by: ____

Scheduled to be picked up from camp by: ______________________ Phone ( ) ______________

Does anyone other than the above named person have permission to pick up your child from camp? ☐ Yes ☐ No
If yes, who? ____ Phone ( ) ______________

☐ **Screening has been completed. Findings are as follows:**

1. Health forms complete? ☐ Yes ☐ No
2. Any changes to information on health history? ☐ Yes ☐ No
3. Signs/symptoms of illness or injury on arrival? ☐ Yes ☐ No
4. Any report of exposure to communicable diseases? ☐ Yes ☐ No
5. Medication checked in with medical staff? ☐ Yes ☐ No
6. Signs/symptoms of head lice? ☐ Yes ☐ No
7. Height __________ Weight __________

Provider Notes: ____

____

____

____

____

____

____

____

____

____

____

____

* *

CIT Check Out: Date/Time: ____

Left with: ____

CIT left with all remaining medications ☐ Yes ☐ No ☐ N/A

☐ CIT left with no illness or injury

☐ CIT left with the following problem/concern: ______________________

____

____

Person told about the problem was: ______________________________

Staff signature: ____

UNC NORTH CAROLINA JAYCEE BURN CENTER

CIT Name: _____
First Middle Last

Birthdate: ____/____/____
Month / Day / Year

Camp Celebrate
May 16-19, 2019

CIT SUPPLEMENTAL REGISTRATION FORM

The role of **Counselor in Training** (CIT) is a very important one. You will no longer be a camper, but a part of the volunteer staff at **Camp Celebrate**. This is a job that carries a great deal of responsibility and is a great opportunity for you to demonstrate your skills as a mentor and leader. You must be at least 16years old and still in high school. **Submitting the CIT application does not equal automatic acceptance into the CIT Program.** Applicants must schedule a phone interview and will be informed later via mail regarding acceptance into the CIT Program, with further instructions regarding CIT expectations. **ALL CIT's are required to be present for Orientation Training for camp. This will take place Thursday, May 16. Start time to be announced. Camp will conclude for CIT's by 2pm the afternoon of May 19, 2019.** Make sure the person responsible for picking you up arrives on time. We hope your family can join the picnic lunch beginning at 11am on Sunday.

Do you currently have a job? ☐ Yes ☐ No
If yes, list occupation: _____

Employer: _____
Name Phone

REFERENCES: Please provide 3 NON FAMILY MEMBER REFERENCES with knowledge of your character, experience, work habits, and abilities. Include COMPLETE EMAIL ADDRESS.

Name Email Address Telephone Number

Name Email Address Telephone Number

Name Email Address Telephone Number

CAMP AND/OR LEADERSHIP EXPERIENCE

Dates	Camp & Director	Location	Camper or Staff

CIT Name: _____

First Middle Last

Birthdate: _____/_____/_____

Month / Day / Year

CIT SUPPLEMENTAL REGISTRATION FORM continued

Answer the following questions. Take your time and be thoughtful about your answers. Feel free to write on the back if you need more room for your answers.

Why are you interested in becoming a *CIT* at Camp Celebrate?

What contributions do you think you can make to Camp Celebrate?

Why should The North Carolina Jaycee Burn Center choose you to be a *CIT* at Camp Celebrate?

Please list any special talents, experiences, extracurricular activities, general information you would like us to know about you:

I hereby agree that in participating in Camp Celebrate as a *Counselor in Training* I will demonstrate leadership by following all camp rules and encouraging others to do the same. I agree that my interest in becoming a *Counselor in Training* is to learn leadership skills and that my focus throughout camp will be in the best interest of the campers at all times. I understand I need to contact Michele to schedule my interview.

_____ _____

Signature of Counselor in Training Applicant Date

CAMPER/CIT ACKNOWLEDGEMENT

I affirm my understanding that the activities at Camp Celebrate are mostly held out of doors. I understand that in the woods, as in other outdoor settings, there are natural risks (tripping over tree roots, mosquito bites, etc.) and that for the duration of these activities there will be non one in the forest except my fellow participants and the camp staff. **I also understand that all bags will be searched upon arrival and departure to provide a safe environment, free of drugs or weapons, for all campers and counselors.**

I additionally affirm my understanding of the goals, rules, and standards stated below:

- To have a good time
- To work with the group as a team
- To challenge myself, to try things I'm not sure I can do
- If I have a problem or concern, I will talk to my counselor, cabin leader, or other adult

STANDARDS AND RULES

- I will not use alcohol, tobacco, or drugs at Camp Celebrate
- I will not use foul language
- I will be on time for all scheduled meetings and events
- I will not throw my trash on the ground, I will place it into a suitable trash container
- I will not use any equipment without proper supervision
- I will follow all safety guidelines given by the staff
- I will not take any clothes, money, or other stuff that does not belong to me
- I will respect the personal space of other campers and adults
- I will observe lights out, and not leave my cabin or tent after hours

I agree to abide by these goals, standards, and rules. I understand that I may be dismissed from Camp Celebrate for refusing to follow any of the above.

_____ _____

Signature of Participant/Camper/CIT Date

_____

(Please print name of participant/camper/CIT)

My child has read and understands the above goals, standards, and rules. I understand the above goals, standards, and rules. **I understand that if my child's behavior does not meet these standards at any time during the weekend that I am responsible for transporting them home.**

Parent Signature/Date_____/_____

University of North Carolina Health Care System
101 Manning Drive
Chapel Hill, NC 27514

PATIENT PHOTOGRAPH/VIDEO AND INFORMATION RELEASE AUTHORIZATION FORM – MIM #739
Page 1 of 2

NOTE: This form is NOT required for photos or videos of patients used for the purposes of treatment or diagnosis, where the photo and/or video becomes part of the patient's medical record and is not used for any other purposes.

Photography/Videography Release:

I authorize the University of North Carolina Health Care System ("UNC HCS") to take photographs and/or videos, or to allow third parties to take photographs and/or videos, of _____ [patient name], for the following uses **(initial all that apply):**

For Public Relations Purposes:

___√___ On UNC HCS internet and intranet sites
___√___ In UNC HCS publications and brochures
___√___ In the public media, such as newspapers, magazines, on the internet, and on television
___√___ In presentations, publications, brochures, advertisements, or articles by non-UNC HCS agencies or companies, such as other non-profit organizations or for profit companies who provide support to UNC HCS

For Medical or Educational Purposes:

___√___ In professional journals and other publications, including textbooks and electronic publications
___√___ In presentations by UNC HCS faculty, staff, and employees, including professional and educational conferences or seminars
___√___ In UNC classrooms and other teaching environments
_____ Other: _____

_____ (initial here) I understand that the image(s) I've authorized for disclosure may be seen by members of the general public. If I've authorized release of image(s) for medical or educational purposes, I understand that the images may be seen by scientists, medical researchers, and medical students and teachers, as well as by members of the general public.

Information Release:

_____ (initial here) I understand that I may be identified by name in printed, internet or broadcast information that might accompany the photo or video image of me, and I consent to the use of my name.

-OR-

_____ (initial here) I do not consent to the use of my name. I understand that, even though my name will not be used, it is possible that someone may recognize me based on the image(s) alone.

_____ (initial here) I authorize the use of the following information about me, my medical condition, or my treatment:

_____

_____

_____

PHOTOGRAPH/INFORMATION RELEASE AUTHORIZATION FORM
Page 2 of 2

I understand that:

- I may revoke this Authorization at any time:
  - the revocation will not apply to information that has already been released in response to this Authorization.
  - I must revoke this Authorization in writing. The procedure for revoking this Authorization is to present my written revocation to the Office of Public Affairs & Marketing, UNC Hospitals, 101 Manning Drive, 6002 East Wing, Chapel Hill, NC, 27514.
- I may refuse to sign this Authorization:
  - UNC Health Care System will not condition my treatment, any payment, enrollment in a health plan, or eligibility for benefits on receiving my signature on this Authorization.

I have been informed and understand that information disclosed pursuant to this Authorization may be subject to redisclosure by a recipient of such information. It is possible that once disclosed, the privacy of the information may no longer be protected by federal and state privacy laws.

Unless otherwise revoked, this authorization will expire on the following date, event, or condition:
*No expiration*_____✓__ (if left blank, this authorization will expire one year from the date it is signed).

I have read and understand the information in this Authorization form.

Signature of Patient: (Camper/CIT)	
Printed Name:	**Date:**

OR

Signature of Authorized Representative: (Parent/Guardian)	
Printed Name:	**Date:**
Please explain Representative's authority to act on the behalf of the Patient: _____ _____	

Witness _____ Date _____

White – Medical Record; Yellow – Public Affairs & Marketing; Pink – Patient

CAMP CELEBRATE

CONSENT FOR PARTICIPATION IN PARADE
May 17, 2019

The University of North Carolina Hospitals ("UNC Hospitals") conducts a camp for pediatric burn survivors called "Camp Celebrate". As part of the opening ceremonies for camp, campers are invited to ride a fire truck in a parade to the camp location. This parade will occur on Friday, May 17, 2019, beginning at the Triangle Town Center Mall in Raleigh, NC and ending at Camp Kanata in Wake Forest, NC. The parade will last approximately one hour. As part of the parade, campers will be offered the opportunity to ride in a municipal fire truck operated by fire and rescue personnel from the municipality owning each vehicle.

I hereby give consent for my child, _____, to participate in the Camp Celebrate fire truck parade described above. I specifically consent to, and authorize, UNC Hospitals and the individual fire department(s) to escort my child in this parade and I authorize my child to ride in a municipal fire truck in the parade.

I understand that there are certain risks involved in transporting children, including general risks such as injuries from traffic hazards and other inherent risks of transport in a parade. By signing below, I acknowledge these risks, and I hereby request and authorize UNC Hospitals to do what is medically necessary and appropriate for treating any injuries which might occur.

By signing below, I hereby grant permission for my child to participate in the Camp Celebrate fire truck parade as described above.

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Date _____

CAMP KANATA
13524 CAMP KANATA RD.
WAKE FOREST, NC 27587
VOICE 919-556-2661
FAX 919-556-9459
www.campkanata.org

Low and High Ropes Challenge Course Waiver

This form must be completed and returned prior to participation on the Camp Kanata Ropes Challenge Course. Participants under 18 years of age must have a parent or guardian signature also.

PLEASE TYPE OR PRINT

Participant Name: _____
Home Address: _____
City/State/Zip: _____
If under 18 name of Parent or Guardian:_____
Emergency Contact Name and Phone Numbers: _____
Physical limitations/allergies/medications: _____
_____

PLEASE READ CAREFULLY

ACKNOWLEDGEMENT OF RISKS

I understand and acknowledge that the ropes course program I am about to voluntarily participate in bears certain risks which could result in injury, death or disability. These risks include but are not inclusive of (l)injury or death due to falling and/or sudden collision with the ground, objects, or persons, lightning, bee stings, heart attack, severe allergic reactions: (2) acts or omissions, negligent in any degree, of Camp Kanata, YMCA of the Triangle Area, their officers or employees: (3) defects or conditions in equipment supplied by Camp Kanata: (5) acts of other participants: (6) my own physical condition, or my own acts or omissions: (7) first aid, emergency evacuation, or treatment. I understand and acknowledge that this list is incomplete, and that other unknown risks may also result in injury, death, or disability.

Acceptance of Risk and Responsibility

Being aware that this activity entails risks, I agree and promise to accept and assume all responsibility and risk for injury, death, or disability arising from my participation in this activity. I elect to participate in spite of the risks and do so voluntarily.

Release and Discharge of Liability

I hereby voluntarily release and forever discharge Camp Kanata, The YMCA of The Triangle Area, their employees, officers, trustees, and all other persons or entities, from any and all liability claims, demands, actions or rights of actions, which are related to, arise out of, or are in any way connected with my participation in this activity.

Authorization for Emergency Medical care

If I am rendered unable to communicate by an emergency or accident, I hereby give permission to staff present to give first aid, to secure treatment, to hospitalize, and to take whatever actions are deemed appropriate to treat me.

Agreement to Listen carefully to and abide by all Safety Standards

I agree to listen carefully to, seek full understanding of, and to actively enforce and promote for myself and others all safety standards and information as will be explained prior to and during activities.

MY/OUR SIGNATURE(S) BELOW INDICATES THAT WE HAVE READ FULLY AND UNDERSTAND COMPLETELY THIS DOUMENT, AND AGREE TO BE BOUND BY ITS TERMS:

Signature of Participant: _____ Date: _____

Signature of Parent: _____ Date: _____