

2012 IRONWOOD WHEELCHAIR SPORTS AND RECREATION CAMP MEDICAL INFORMATION/WAIVER & RELEASE FORM

**Please read, complete, sign and return with registration form and include copies of both sides of camper's insurance card.
This completed form is required prior to arrival at camp.**

Camper's Last Name: _____ First Name: _____ Male/Female _____
 Date of Birth: ____/____/____ Parent's Full Name: _____
 Home Address: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Day Phone: (____) _____ Cell: (____) _____
 Emergency Contact: _____ Emergency Contact's Phone: _____

1. Describe Camper's disability and/or special needs including any limitations:

2. Medications: Name/dosage/frequency needed. All medications must be in prescription bottles. Dosages/frequencies must match doctor's prescription. Bring only amount of medications needed at camp.

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have asthma, please bring your inhaler. If you are allergic to bees, please bring your epi-pen. /my child may have Tylenol or Ibuprofen (circle one): YES or NO

3. Allergic reactions/allergies to medications? _____

4. Immunization dates: DPT Permanent Shots (Series of 3) Yes/No Polio Immunization Yes/No MMR _____ Date of last Tetanus Booster _____

5. Insurance information: Medical Ins Co. _____ Policy #: _____

Family Doctor _____ at _____ (clinic) Phone _____

I am an adult or I am the parent or guardian having control or custody of the above named child. I hereby grant my child permission to attend camp at Ironwood Springs Christian Ranch. I certify that I am/my child is physically and mentally fit for all camp activities and will obey all camp counselors and rules. I certify that comments, photographs or videotape pictures of my/my child participating in the Ironwood programs may be reproduced and utilized in camp brochures and other promotional literature published and used by the camp. I understand and certify that my/my child's participation in camp at Ironwood and its activities is completely voluntary. I have familiarized myself with the camp's programs and the activities in which I/my child will participate. I recognize that certain hazards and dangers are inherent in the Ironwood events and programs including, but not limited to, swimming, climbing, archery, horseback riding, snow tubing, the low bouldering wall, events course and other sports. I acknowledge that although Ironwood has taken safety measures to minimize the risk of injury to camp participants, Ironwood cannot insure or guarantee that participants, equipment, premises and/or activities will be free of hazard, accidents and/or injuries. In case of moderate to serious injury, accident or illness of my child, I grant my permission for a licensed physician to treat me/my child. In cases of minor or mild injury, accident or illness of my child, I grant my permission for treatment by a member of Ironwood staff. I agree to pay all expenses for necessary treatment. I understand that Ironwood does not provide medical/liability insurance. I further recognize (and have instructed my child in) the importance of knowing and abiding by the camp's rules, regulations and procedures for the safety of camp participants. I also give the camp full authority in dealing with problems of discipline. I understand that any camper demonstrating a willful disregard for camp rules is subject to being sent home with no refund of camp fees. I understand that any camper who willfully destroys property will be held responsible and charged accordingly. I also give my permission for the camper to participate in all activities as they pertain to his/her particular program.

Further, I **RELEASE IRONWOOD SPRINGS CHRISTIAN RANCH, AND ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, EMPLOYEES, VOLUNTEERS, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL RESPONSIBILITY, LIABILITY, OR CLAIMS INCLUDING, BUT NOT LIMITED TO, ANY CLAIMS BASED UPON ALLEGED NEGLIGENCE, FOR PERSONAL INJURY, DAMAGES, ACCIDENT, OR ILLNESS INCURRED BY MY CHILD, ARISING FROM OR RELATED TO MY/MY CHILD'S PARTICIPATION IN ANY ACTIVITY AT OR CONNECTED WITH IRONWOOD SPRINGS CHRISTIAN RANCH.**

I understand that every effort will be made to protect and safeguard all campers. I agree not to hold Ironwood Springs Christian Ranch liable for any illness or mishap from any cause whatsoever. I approve this application and agree to the terms stated above.

I represent that I am an adult or I am the parent or legal guardian of the child listed above, that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this Waiver and Release. I further represent that I have read (or have had read to me) this Waiver and Release and understand its terms.

 (Name printed) (Signature) (Date)

2012 IRONWOOD NATIONAL WHEELCHAIR SPORTS AND RECREATION CAMP REGISTRATION INFORMATION

Thank you for registering for our Wheelchair Sports and Recreation Camp! We anticipate a great turn-out this year again this year. This unique camp welcomes children (ages 12 and up) and adults with any physical disability. Camp participants must either perform their own personal care or provide a PCA. Family members are welcome on a first-come/first-serve basis. Housing priority is always given to the campers.

Please complete the following:

When and how will you arrive?

Arrival date: _____ Departure date: _____

Will you drive or fly? _____

If you are flying, are you flying into Rochester or Minneapolis? _____

If you are flying into Rochester, our staff will gladly transport you to camp. Please complete the following:

If you need transportation from Rochester: arrival time _____ flight #: _____

airline: _____ cel number: _____

If you are flying into Minneapolis and do not plan to rent a car, we can suggest Rochester Direct Express (507-282-8673) which is a shuttle service from Mpls to Rochester. If you are riding the Direct, please indicate the time and place you will arrive in Rochester so we can have a staff person pick you up and bring you to Ironwood.

time of arrival: _____ pick up place in Rochester: _____

cel number: _____

Do you prefer a roll-in shower or will a tub with a shower chair suffice? _____

Do you have a roommate preference? _____

FEE WORKSHEET

Enter fees below

Camper _____ \$250 per disabled camper _____

PCA _____ (if needed) \$150 _____

Family who will attend (if attending) \$100 per family member _____

Name	Age	Sex	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total fees _____