

# Youth Camp REGISTRATION

 Parent #1 Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Driver's Lic. # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State / ZIP \_\_\_\_\_

 Parent #2 Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Driver's Lic. # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State / Zip \_\_\_\_\_

1. Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

- |   |                |
|---|----------------|
| <input type="checkbox"/> Green and Gold Camp: \$255 | Session: _____ |
| <input type="checkbox"/> Adventure Camp : \$355     | Session: _____ |
| <input type="checkbox"/> Expedition Camp: \$355     | Session: _____ |

T-Shirt Size (circle one)	
<u>YOUTH</u>	<u>ADULT</u>
S M L XL	S M L

2. Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

- |   |                |
|---|----------------|
| <input type="checkbox"/> Green and Gold Camp: \$255 | Session: _____ |
| <input type="checkbox"/> Adventure Camp : \$355     | Session: _____ |
| <input type="checkbox"/> Expedition Camp: \$355     | Session: _____ |

T-Shirt Size (circle one)	
<u>YOUTH</u>	<u>ADULT</u>
S M L XL	S M L

3. Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

- |   |                |
|---|----------------|
| <input type="checkbox"/> Green and Gold Camp: \$255 | Session: _____ |
| <input type="checkbox"/> Adventure Camp : \$355     | Session: _____ |
| <input type="checkbox"/> Expedition Camp: \$355     | Session: _____ |

T-Shirt Size (circle one)	
<u>YOUTH</u>	<u>ADULT</u>
S M L XL	S M L

## FEES AND REFUNDS

A minimum deposit of 50% per child, per camp is required for all registrations (Non-refundable). Full payment is due 14 days prior to camp start. There are no refunds unless a camp is cancelled or in case of a medical emergency. Camps are cancelled if minimum enrollment is not met. There are no make-up sessions if you miss a day. Transfer requests include a \$10 processing fee. **Requests must be in writing.** Our Tax ID is 94-1347023 if you claim child care credit.

## AFFILIATION

- General Public
- Sac State Student
- Sac State Faculty/Staff
- Sac State Alumni Association

**HOW DID YOU HEAR ABOUT US?**

\_\_\_\_\_

PAYMENT METHOD: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Make checks payable to: ASI Peak Adventures	
CREDIT CARD INFORMATION	
VISA / MC # _____	Exp. Date _____
Name on Card _____	
Amount to Charge _____	Billing Zip Code _____
Signature _____	
(required)	

**Send registration forms to:**  
**Peak Adventures • 6000 J Street • Sacramento, CA 95819-6011**  
**916.278.6321 (office) • peakadventures.org**

**CONTRACT, INDEMNIFICATION, RELEASE AND WAIVER**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING BELOW. THIS AGREEMENT AND RELEASE INCLUDES A RELEASE OF CLAIMS. A COPY OF THIS RELEASE CAN BE USED AS IF IT WERE AN ORIGINAL.

I am aware in signing this statement for participation in the ASI Peak Adventures Youth Camps that certain elements are physically and emotionally demanding. This program may include swimming, crawling, jumping, running, hiking, climbing, paddling, and other rigorous activities on water or land (such as white water rafting, camping and backpacking). My child will be working with ASI Peak Adventures Staff and with others in the group. It is possible that he/she may be injured while participating in the youth program either because of his/her own conduct, conduct of others in the group, conduct of ASI Peak Adventures instructor/s, or the condition of the premises.

I fully understand that outdoor recreational activities have inherent risks, dangers and hazards which may result in injury or illness including, but not limited to bodily injury, disease, strains, fracture, partial and/or total paralysis, death or other ailments that could cause serious disability. Other hazards that may include exposure to poisonous or dangerous plants, insects, or animals, exposure to natural elements, sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, frostbite, hypothermia, slipping and falling. Risks may also arise from unforeseeable causes including, but not limited to instructor decision making, equipment or transportation issues.

Therefore, I voluntarily elect to allow my child to participate and I affirm that he/she is free of health conditions that might create undue risk to my child or others that depend on them. My child is not under a physicians care for any undisclosed condition that bears upon his/her fitness to participate.

In consideration of the services of ASI Peak Adventures, the State of California, the Trustees of the California State University, Sacramento and Associated Students of California State University, Sacramento and all of their officers, employees and agents (hereinafter collectively referred to as "ASI Peak Adventures"), I agree to indemnify and hold harmless ASI Peak Adventures from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in the youth programs. I further agree to release, acquit and covenant not to sue ASI Peak Adventures, for all actions, causes of action, claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of ASI Peak Adventures or my family, myself, or my heirs, against ASI Peak Adventures arising out of participation in this program. In short, I cannot sue ASI Peak Adventures and if I do I cannot collect any money.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be California and governed by California law. As liquidated damages, I hereby agree that if ASI Peak Adventures is forced to defend any action, lawsuit, or litigation by myself, my executors, or my heirs on my family's or my behalf, my heirs or executors and I agree to pay ASI Peak Adventures' cost and attorney fees if they successfully defend such action, lawsuit, or litigation. In signing this document for my minor child, I agree to pay any and all cost and attorney fees incurred by ASI Peak Adventures in the event that Peak Adventures is forced to defend any action, lawsuit, or litigation brought by my minor child.

The term of this agreement shall continue and be in effect after the camp is over. Should any paragraph of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force and effect.

- I authorize and release to ASI Peak Adventures the use for any purpose of photographic or video recorded image of the participant listed below.
- I have adequate health, disability, and life insurance for myself, and my family.
- I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified instructor or medical personnel to render necessary emergency medical care for the participant listed below.

I, \_\_\_\_\_, of my own free will, for my family, my minor child, my heirs and executors and myself, have read, understand, and acknowledge the risks and liability for myself, my family on this date:

\_\_\_\_\_  
(day / month / year)

\_\_\_\_\_  
Participant (print name)

\_\_\_\_\_  
Guardian (print name)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

## ASI Peak Adventures Medical Consent Form

Your son/daughter is below the legal age of consent (18 years of age). The law requires that we have your permission to give medical service should the need arise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of medical problems that may occur. In the event of any major health problems, we will notify you as soon as possible and follow your instructions. If we are unable to contact you or your alternative contacts listed below, your child will be taken to the nearest medical facility.

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### In Case of an Emergency, person(s) to contact if parent or guardian cannot be reached

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

### Emergency Medical Information

*All items must be filled out or the child listed may not be able to participate.*

Date of birth: \_\_\_\_\_ Last tetanus booster: \_\_\_\_\_

List allergies, if any: (i.e. insect bites, drugs, food, etc. Note that counteractive medication should be carried at all times).

Circle one: None Yes

List any medications currently taken:

Circle one: None Yes

List any serious illness or injuries occurring in the past three years:

Circle one: None Yes

List conditions and instruction, if currently under a doctor's care:

Circle one: None Yes

List any other condition that may affect your ability to participate: (i.e. history of conditions in family)

Circle one: None Yes

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

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Authorization to Treat a Minor

I (we) the undersigned parents or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent for any x-ray examination, anesthetic, medical or surgical diagnosis, rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the states of California or Nevada. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This consent shall remain effective through \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN (print name)

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### **Policies for Disciplinary Action and Dismissal**

#### **1. Offenses calling for immediate dismissal from the program and NO refund of money include:**

Possession of any weapon or dangerous instrument, i.e. this is not limited to any type of fire arm, knife, or sharp object that may cause injury, etc.

Physical assault or any act that shows substantial threat to harm or endanger the safety of others (No rough housing of any kind).

Any substantial threat to destroy property, or use of equipment without permission from the leader or staff.

Possession or consumption of alcoholic beverages or illegal drugs.

#### **2. Procedures for disciplinary action:**

There will be verbal warning to the camper if he/she is acting out of line.

If the camper continues the same behavior, he/she will be asked to sit out.

The camper will be allowed back into the activity when he/she ASKS to return and the problem has been found, recognized, and resolved.

There is no specified time period the camper must sit out; it is up to the camper.

#### **3. Procedures taken following dismissal:**

The camper will be escorted to the office if we are on campus. If we are away from campus the camper will be removed from the group and supervised at all times.

The leaders/staff member will call the parent or legal guardian, inform them of the situation, and ask them to come and pick up the camper as soon as possible.

The camper WILL NOT be allowed to return to camp.

#### **4. Disciplinary action will be taken against the camper(s) for:**

Misbehaving, disrupting, or bothering fellow campers.

Not listening to the leader/staff, and not following instructions.

I have read and understand the following rules for Peak Adventures Youth Camps

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

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

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

How old are you? \_\_\_\_\_ When is your birthday? \_\_\_\_\_

Where do you go to school? \_\_\_\_\_

What are your favorite sports? \_\_\_\_\_

What are your favorite activities or hobbies? \_\_\_\_\_

What is your favorite color? \_\_\_\_\_

What food do you like to eat? \_\_\_\_\_

What is your favorite treat? \_\_\_\_\_

What is your favorite TV show? \_\_\_\_\_

What music do you like? \_\_\_\_\_

What is your favorite movie? \_\_\_\_\_

Do you have any brothers or sisters? \_\_\_\_\_

Have you ever been on a Peak Adventures trip? \_\_\_\_\_

Have you even been to a ropes course? \_\_\_\_\_

Why did you want to come to summer camp? \_\_\_\_\_

Have you ever done the following activities? If so, when, where?

Hiking: \_\_\_\_\_

Backpacking: \_\_\_\_\_

Mountain biking: \_\_\_\_\_

Rock Climbing: \_\_\_\_\_

Map and Compass: \_\_\_\_\_

Surfing: \_\_\_\_\_

Snowboarding: \_\_\_\_\_

Snowshoeing: \_\_\_\_\_

Please attach photo of camper here

