

**GHOST RIVER REDISCOVERY YOUTH REGISTRATION FORM 2008**

Name of Camp/Program \_\_\_\_\_

Date of Camp/Program \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age: \_\_\_\_\_

Contact Name for Billing \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Has applicant attended previous Ghost River Camp Yes \_\_\_\_\_ No \_\_\_\_\_

Your Cultural Heritage Is (Band/Nationality) \_\_\_\_\_

Do you permit photos to be taken and displayed or used for promotions by Ghost River Rediscovery ?  Yes  No  
Do you permit your child to participate in surveys for program evaluation?  Yes  No

Signed \_\_\_\_\_

## Ghost River Rediscovery - Youth Medical Disclosure Form 2008

The information in this form will be used to ensure the safety and comfort of participants. The form should be filled out by the parent/legal guardian of the participant. It is important for program staff to have accurate information when making decisions in the field.

Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Health Care #: \_\_\_\_\_ Province \_\_\_\_\_

### In case of emergency please contact:

1. \_\_\_\_\_ (name) Relationship: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Night: \_\_\_\_\_ Other: \_\_\_\_\_

2. \_\_\_\_\_ (name) Relationship: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Night: \_\_\_\_\_ Other: \_\_\_\_\_

Do you wear eye glasses? Yes  No  Contact Lenses? Yes  No

Can you swim? Yes  No  Have you ever had frostbite? Yes  No

What was the date of your last Tetanus vaccination? \_\_\_\_\_

Are you currently taking any medications? Yes  No  If Yes, please provide name, dosage, frequency and possible side effects or contraindications (pharmacist printout):

Note: If bringing required medications to camp, please ensure that you bring twice as much as you need for the time, stored in two separate containers.

### Are you currently receiving treatment from a doctor or other health care professional?

Yes  No  If Yes, please explain:

Doctor's Name \_\_\_\_\_ Ph ( ) \_\_\_\_\_

Do you have any allergies? Yes  No  If Yes, please indicate known triggers, type and severity of reaction, and medications used:

**Do you have any injuries or disabilities? Yes  No  If Yes, please explain**

**Do you have any chronic (ongoing) medical conditions (e.g. asthma, diabetes, epilepsy)? Yes  No  If Yes, please explain:**

**Have you been hospitalized in the past three years? Yes  No  If Yes, please explain:**

**Have you ever undergone surgery? Yes  No  If Yes, please explain:**

**Do you have any dietary restrictions? Yes  No  If Yes, please explain:**

**By signing below you agree to allow Ghost River Rediscovery's field staff to administer routine and emergency medical treatment.**

**I, \_\_\_\_\_ (print name) declare that the information in this medical form is accurate to the best of my knowledge. I acknowledge that providing inaccurate information may endanger my child or others (must be signed by parent/guardian of minors)**

Signed \_\_\_\_\_ Date \_\_\_\_\_

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

# Ghost River Rediscovery Parental Agreement Form

## Release of Liability, Waiver of Claims and Assumption of Risks

Please read carefully. By signing this form you will waive certain legal rights. This form must be signed in ink by the parent or legal guardian of the participant. If you have any questions or concerns regarding the statements below, please discuss them with staff before signing.

Participant's Name(s): \_\_\_\_\_

**Definition** – In this agreement, the terms “Rediscovery Program” or “Program” refer to a wide range of outdoor activities that may include any combination of the following: camping, day hiking and multi-day backpacking in mountainous terrain in all seasons, canoe instruction or expeditions on flat or moving water, swimming, river crossing, team-building and group initiative activities, active games, outdoor leadership and wilderness first aid training, challenge courses, solos, participation in a range of cultural practices, traveling in vehicles, camp chores (e.g. cooking, carrying wood/water, splitting wood), and other outdoor activities carried out in remote wilderness areas.

I am aware that there are certain risks inherent in my child's participation in these activities some of which include:

- **Weather.** Extreme weather conditions (including storms and lightening) or sudden changes may be experienced
- **Illness or injury**, whether pre-existing or sustained during the program and the potential lack of accessible or effective medical care
- **Remote terrain**, including the possibility of becoming separated from staff and other participants
- **Steep, uneven, slippery or otherwise hazardous terrain.** Slips and falls contribute to many outdoor accidents.
- **Dangerous animal encounters** (including bears and cougars), **insects** and poisonous **plants**,
- **Water.** Rivers and lakes have many hazards which can include rapid level changes, cold or fast moving water, man-made and natural objects in the water, rapids, high waves and thin ice.
- **Falling objects** encountered while in mountainous and forested terrain, including rockfall and avalanche
- **Transportation** (traveling in vehicles) and **equipment failure** of any kind
- **Conduct of staff**, including negligence and errors of judgement, and the **conduct of other participants**

I acknowledge that although the program may take precautions to reduce the risks and increase the safety of activities, all dangers and risks cannot be foreseen or managed. I understand and voluntarily accept without limitation, all risks, including the possibility of loss of property, unforeseen expenses, personal injury (including death) associated with my child's participation in the program. I acknowledge that the value of a Rediscovery program derives in part from activities carried out in wilderness areas and that the inherent risks of such activities contribute to their value.

I understand that program activities are done in groups, and that all participants are expected to participate fully and behave in an appropriate manner. Continuous disruptive behaviour which affects the experience or compromises the safety of others will result in the participant being sent home. I agree to bear any additional expenses associated with this.

I authorize program staff to obtain and provide such medical advice and services as they deem necessary for the health of my child. In respect to medical services which require the consent of a parent/guardian, I authorize program staff to provide such consent. I accept financial responsibility for all medical costs which exceed coverage provided by my health care plan.

I waive all and any claims that I may have, and release from all liability and agree not to sue Program employees, directors, independent or sub-contractors and volunteers (collectively the “Personnel”) for any loss, property damage, expense, personal injury (including death) that may result from my child's participation in the Program.

As a parent, I believe that my child's participation in the program and this parental agreement form are, on the whole, beneficial to my child. I agree to hold harmless and indemnify the Program and its Personnel for all and any loss, damage, expense or personal injury (including death) experienced by my child as a result of my decision to enroll my child in the program.

I have carefully read and understand this form.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ in the presence of:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print name and address of witness

\_\_\_\_\_  
Print name and address of Parent/Guardian

## **Ghost River Rediscovery Clothing and Equipment List**

**The camp is located in the wilderness. Please bring all supplies necessary to last for the duration of the camp. The weather is very unpredictable. Plan for extended periods of rain and snow, and hope for bright sunny days!**

- **Tarp – size: optional approximately: 8’x 12’ – solo quest**
- **Underwear & T-shirts**
- **Jackets/Sweaters** - 2 pile or fleece jackets or sweaters
- **Waterproof Jacket w/hood**
- **Pants** – hardwearing and suitable for hiking. Jeans are not ideal.
- **Waterproof Pants**
- **Shorts and Swimwear**
- **Warm hat and Gloves**
- **Sun Hat & sunscreen**
- **Socks**
- **Hiking Boots** - A sturdy pair of well worn in hiking boots are recommended.
- **Sandals/Tevas**
- **Backpack**
- **Daypack** - 20-35 litre capacity for day trips.
- **Plastic Garbage Bags** for waterproofing equipment and clothing
- **Water Bottle** - at least 1 litre, tough plastic with a tight lid
- **Headlamp/flashlight** with spare batteries.
- **Pocket-knife**
- **Eating Utensils** - Unbreakable cup, bowl and utensils
- **Sleeping Bag** 3-season (+ extra blanket if necessary)
- **Sleeping Pad** – Foam mat, Therm-A-Rest etc.
- **Toiletries**
- **Personal medications (if required)**
- **Towel**
- **Journal and pen/pencil**
- **Camera and Film**
- **Gumboots**

If you have any questions or reservations about what items to bring, give us a call at the office and we can offer advice or possible alternatives.

Please do not bring:

- Personal stereos/walkmans etc
- Extra food or heavily scented toiletries (attracts animals)
- Drugs/alcohol
- Valuables (no safe storage)