



# registration packet 2015

This Registration Packet must be completed, signed, and returned to Northland College one week prior to the start of your session. Students will not be allowed to participate in their session until all necessary paperwork has been completed and submitted to:

Email: [soei@northland.edu](mailto:soei@northland.edu)

Mail: Summer Programs  
Northland College  
1411 Ellis Avenue  
Ashland, WI 54856



Fax: 715-682-1218

Session days missed for incomplete or missing paperwork are non-refundable.

▲ [northland.edu/summer](http://northland.edu/summer)

The safety and wellbeing of each participant is of paramount importance to the staff of the Northland College Summer Program. We follow rigorous safety procedures and adhere to the concept of “challenge by choice” to create a safe learning environment for all students. However, all risk cannot be totally eliminated. This Registration Packet includes the following documents that you as parent(s), guardian(s), and participant(s) will need to closely review, sign, and agree to comply for the student to be eligible to participate in the Northland College Summer Program:

1. Expectation of Conduct
2. Media Release
3. Dietary Requirements
4. Assumption of Risk, Waiver of Liability, and Agreement Not to Sue
5. Medical History Form
6. Agreement and Consent for Medical Treatment
7. Medical Instructions Form (if applicable)



▲  
ADVENTURE AND LEADERSHIP  
FOR HIGH SCHOOL STUDENTS

### EXPECTATION OF CONDUCT

1. The participant will cooperate with and follow the direction of program staff, instructors, and activity facilitators.
2. The participant will be on time and participate in all scheduled activities including instruction, tours, recreation, and evening programs. Those not feeling well or having any physical or emotional safety concerns must immediately inform program staff or instructor.
3. The participant will be respectful of and avoid harmful behavior to self, other participants, program staff, instructors, guest speakers, private and public property, and facilities.
4. The participant will remain in the assigned program area and assigned residential room throughout the session. Room switching and unauthorized absence from activities or residential room after "lights out" is not permitted.
5. The participant will abide by established lights out and quiet times and will respect the privacy of others.
6. The participant will not visit any residential rooms or bathroom of members of the opposite sex.
7. The participant will refrain from engaging in activities if he or she does not fully understand the activity instructions or the possible consequences of the risk involved in the activity. In addition, the participant will seek out clarification from the staff/activity facilitators before continuing with the activity.
8. The participant will behave in accordance with applicable federal and state laws, and abide by all expectations and Policies listed in the Summer Handbook.

#### Participants and their families understand the program staff roles are:

1. To serve as a supervisor and mentor for the participants;
2. To maintain consistent supervision of participants to monitor safety, health, attitude, behavior, etc.
3. To monitor all prescription medication and medical care;
4. To make appropriate decisions in emergency situations for the wellbeing of participants.

### MEDIA RELEASE

The undersigned agrees that images and audio of the participants, taken during Northland College Summer Program activities through video and photos may be used and distributed for publication as deemed appropriate by Northland College without any limitation in space or time, and waives any rights of compensation or ownership thereto.

YES       NO

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DIETARY REQUIREMENTS

Please check the box that reflects your needs. Please take the time to provide us with any other pertinent information.

- I have no dietary restrictions.
- I am a vegetarian.
- I am a vegan.
- I am allergic to the following foods: \_\_\_\_\_
- Anything else we should know: \_\_\_\_\_

### ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND AGREEMENT NOT TO SUE

Participating in Northland College Summer Programs requires the participants to be outdoors most of the time or engaged in outdoor adventure activities. Consequently, the participant might be exposed to certain risks due to the activities involved, unpredictable weather conditions, natural hazards, or human hazards. Participation in the Summer Program is entirely voluntary and involves a risk of injury and/or illness due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, contact with other individuals engaged in Summer Program activities, impact against objects, broken or improperly used equipment, weather hazards, environmental hazards, falls, falling objects, and separation from the group during Summer Program activities.

The specific risks vary from minor injuries such as scratches and sprains, to major injuries such as eye injury or loss of sight, broken bones, joint or back injuries, heart attacks, and concussions, to catastrophic injuries including paralysis and death. The following is a partial list of some of the potential hazards and potential resulting injuries inherent to being out of doors and engaging in Summer Program activities. It is not a complete list of all potential injuries:

- Head, neck, and spinal injuries which may result in complete or partial paralysis and/or brain damage due to falls, moving water, or other forces.
- Injury caused by falls or encounters with trauma-producing objects found in camp, nature, in and around vehicles, or elsewhere even while engaged in seemingly mundane, non-threatening activities.
- Drowning and injuries caused by water.
- Injury caused by burns caused by contact with flames from a camp stove, camp or forest fire or lightning.
- Injury caused in an automobile accident, or while loading or unloading vehicles or trailers.
- Illness from venom, rabies, Lyme disease, or other diseases, allergic reactions to insects, animals, plants, etc.
- Injury from hunting related accidents as some activities occur during various hunting seasons.
- Illness or infection.
- Exacerbation of underlying medical conditions, such as epilepsy.
- Injury to soft tissue, bones, joints, ligaments, muscles, tendons, and other parts of the musculoskeletal system.
- Communicable diseases such as cold/flu virus, hepatitis, etc.
- Injury or infection of eyes, ears, and other vulnerable tissues.
- Injury or illness resulting from being lost and separated from the group.
- Injury that results from unanticipated conditions or "Acts of God".

To minimize the risk of injury, the staff needs to be aware of any existing physical, mental, or emotional conditions the participant may have that could in any negative way affect, or be affected by, participation in the activity.

By signing this form, you are stating that the participant and his or her parent(s)/guardian(s) have either informed the director in writing of any existing physical, mental, or emotional condition that could negatively affect or be affected by participation or have none to report. It also signifies that the participant and his or her parent(s)/guardian(s) are: 1) aware of and understand the rules of conduct and potential hazards inherent to the activity, 2) the minor chooses to voluntarily participate, 3) his or her parent(s)/guardian(s) are allowing the minors' participation in the activity with full consent and awareness.

By signing this form, the participants, their parents or guardians, and their respective accompanying heirs, personal representatives, executors, and administrators voluntarily agree to the following:

1. Follow the Expectation of Conduct
2. TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, AND DAMAGE TO PROPERTY that may be sustained by the participant or parent as a result of training for, or traveling to or from, or participating in any manner in the Summer Program; and
3. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE IT FROM ANY AND ALL LIABILITY, & AGREE NOT TO SUE the person or entity responsible for administering the Summer Program, Northland College, or its trustees, officers, employees, agents, students, staff, volunteers, subcontractors, and any other persons involved in or affiliated with the Summer Program, as well as their successors and assigns (hereinafter referred to as "released persons") from all claims, losses, damages, demands, expenses, attorney fees, breach of statutory duty or duty of care, warranty, strict liability, and causes of action whatsoever, present or future, whether known, anticipated, or unanticipated, and resulting from

or arising out of, or incident to, the undersigned's or the undersigned's guardian participation in or traveling to or from the Summer Program, or from the facilities and equipment in place or as a result of, or incident to, the Summer Program, or otherwise following staff instructions anywhere. This release is intended to be the most expansive release allowed under the applicable law. If any part of this release is deemed invalid, illegal or unenforceable in any respect, the enforceability of the remainder of this release and agreement will continue in full force and effect. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including the right to sue.

**Agreement of Participant (Required):**

Participant Name (please print): \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agreement of Parent or Legal Guardian (Required):**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

2nd Parent/Guardian Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Who can we call if a Parent/Guardian cannot be reached?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**MEDICAL INFORMATION**

Who is your family physician?

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

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

\_\_\_\_\_

Who is your medical insurance carrier?

Company Name: \_\_\_\_\_

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

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

**INSURANCE INFORMATION**

You must include a copy of the front and back of your insurance card with packet in order for it to be complete.



## MEDICAL HISTORY

- Yes  No Are you diabetic or have experienced symptoms related to having low blood sugar? If yes, please explain:
- Yes  No Do you have asthma or have experienced any asthmatic episodes in the past? If yes, do you have an inhaler or other medication to counteract asthmatic symptoms? If yes, please explain:
- Yes  No Do you have epilepsy or are subject to seizures? If yes, explain:
- Yes  No Do you or have you experienced frequent dizziness or are prone to fainting? If yes, explain:
- Yes  No Do you have any allergies (environmental, medical, or food)? If yes, please explain:
- Yes  No Do you experience frequent nausea or vomiting? If yes, explain:
- Yes  No Have you had an acute illness, injury, or surgery within the last three months? If yes, explain:
- Yes  No Do you experience any emotional disorders such as depression, schizophrenia, or phobias such as strong fear of confined places, open areas, or heights? If yes, explain:
- Yes  No Do you have a panic disorder or have experienced panic or anxiety attacks? If yes, explain:
- Yes  No Have you ever suffered from environmental injuries such as hyperthermia, hypothermia, frostbite, or immersion (trench) foot? If yes, explain:
- Yes  No Have you ever had a reaction to bee stings or insect bites? If yes, do you carry medication to counteract it? (epi pen/anaphylaxis kit) Please explain:

**MEDICAL HISTORY (continued)**

Yes  No Is your activity restricted in any way? If yes, explain:

Yes  No Are you currently taking any medication? (prescription or non-prescription, vitamins included) If yes, please fill out the Medical Instruction chart on the next page.

Yes  No Do you give Northland College staff permission to administer first aid to you in the event of an emergency?

Yes  No Do you give the staff of an accredited hospital, medical center, clinic, or similar institution to administer emergency treatment to you in the event of an emergency?

Yes  No Have you had a Tetanus immunization? If yes, when (date):  
A complete immunization record is NOT required.

Please document any other medical symptoms or events we should be aware of:

**AGREEMENT AND CONSENT FOR MEDICAL TREATMENT**

**Parent/Guardian Authorizations (Required):**

This health history is true and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to Northland College to provide routine health care, administer prescribed medications in accordance with the quantity and dosage noted on this form as well as the Prescription Medicine Instruction Form, and to seek emergency treatment including ordering x-ray or routine tests. I agree to the release of any records for insurance purposes. I give permission to Northland College to arrange for necessary transportation for the participant.

In the event I cannot be reached in an emergency, I hereby authorize the physician selected by Northland College to secure and administer treatment, including hospitalization, for the participant. The completed medical history forms may be photocopied for trips out of camp or by authorized medical treatment centers.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICINES AVAILABLE AT NORTHLAND**

The following medicine can be administered by program staff as needed. Please do not bring them along to your session.

- Tylenol (Acetaminophen) /Advil (Ibuprofen) for headaches and/or muscle discomfort
- Milk of Magnesia 1-2 oz. as needed for constipation
- Robitussin OM (or generic equivalent) 2 tsp. every four hours as needed for cough
- Sudafed 1-2 tablets according to box directions for congestion
- Chloraseptic Spray 2-4 for a sore or irritated throat
- Calamine lotion, Benadryl, Hydrocortisone, or Lotrimin cream for rashes or irritated skin
- Imodium as directed on label for diarrhea
- Hydrogen peroxide and antibiotic ointment for cleaning minor skin wounds
- Aloe vera gel to soothe minor skin irritations

**MEDICINE INSTRUCTION FORM**

Medication	Reason	Dosage	Time of Administration

Upon arrival at Northland College, you will be asked to complete another medication form to document any changes in the participants's medical history.

By signing this form you are indicating the above is true and complete to the best of your knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICATION GUIDELINES

### To Parent(s) or Guardian(s) of Participant:

Programs conducted under Northland College are required to comply with the newest version of DHS 175, a code intended to address some minimum health and safety standards for the participants attending summer programs.

You have already completed the Health History Form. That form is designed to obtain crucial information from you regarding the participant's health condition, allergies, special limitations, medications, etc. If the participant takes medication, you will need to bring it in a marked container per Wisconsin Code DHS 175.19, which states:

“All medications brought to camp by a camper or staff member shall be in containers that are clearly labeled to include the name of the camper or staff member, the name of the medication, the dosage, the frequency of administration and the route of administration. All medication prescribed by a physician shall be labeled to include the name of the prescribing physician, the prescription number, date prescribed, possible adverse reactions, the specific conditions when contact should be made with the physician and other special instructions as needed.”

### CORRECT



### INCORRECT



Upon arrival we will ask you to update the medication form to document any changes in the participant's medical history. Please plan accordingly.