



registration packet 2017



PARTICIPANT NAME: _____

SESSION(S): _____

DATES: _____

This entire 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: summer@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

The safety and well being 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 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:

- Expectation of Conduct
- Assumption of Risk, Waiver of Liability and Agreement Not to Sue
- Zero Tolerance Agreement
- Participant and Contact Information
- Dietary Requirements
- Medical History Form
- Agreement and Consent for Medical Treatment
- Medication Instruction Form
- Media Release
- Climbing Wall Waiver




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.

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 expectations 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 Summer Programs, Northland College, or its trustees, officers, employees, agents, students, staff, volunteers, subcontractors, and any other persons involved in or affiliated with Summer Programs, 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 Summer Programs, or from the facilities and equipment in place or as a result of, or incident to, Summer Programs, 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.

Any controversy arising out of, connected to, or relating to this Release and Agreement between me and the above named parties or on behalf of the minor child named below, or the breach thereof, including, but not limited to any claims of violations of Federal and/or State Law, as well as any common law claims shall be settled by arbitration and in accordance with this paragraph a judgment based upon the arbitrator's award may be entered in any court having jurisdiction thereof. This agreement shall be construed and interpreted under the laws of the State of Wisconsin.

Agreement of Participant (Required):

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Agreement of Parent or Legal Guardian (Required):

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

STUDENT ZERO TOLERANCE AGREEMENT

Northland Summer Programs are designed to provide experiences that promote learning and team building in a safe, respectful, and positive environment. We ask that **both participant and parent/guardian** sign the agreement below.

By signing this agreement, it is fully understood that Northland College summer programs has ZERO TOLERANCE for drugs; alcohol; and any behavior, speech, or action deemed as disruptive, disrespectful, or bullying toward instructors, participants, staff, on Northland's campus. If such occurs, the student may be asked to leave the program.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Participant Name (please print): _____

Participant Signature: _____ Date: _____



PARTICIPANT AND CONTACT INFORMATION

LEGAL FIRST NAME

LEGAL MIDDLE NAME

LEGAL LAST NAME

ARE YOU A U.S. CITIZEN*: YES NO

(*REQUIRED IF TAKING A CLASS FOR CREDIT)

PERMANENT MAILING ADDRESS STREET

CITY, STATE, ZIP

PARTICIPANT EMAIL

PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S EMAIL

HAVE YOU TAKEN A CLASS AT NORTHLAND: YES NO

- YOUTH OPTIONS
- UNDERGRADUATE COURSE
- SUMMER PROGRAMS

REQUESTED ETHNICITY INFORMATION:

HISPANIC/LATINO YES NO

SELECT ALL THAT APPLY:

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK OR AFRICAN AMERICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC IS.
- WHITE

DIETARY REQUIREMENTS:

- I HAVE NO DIETARY RESTRICTIONS
- I AM A VEGETARIAN
- I AM A VEGAN
- OTHER: _____

I AM ALLERGIC TO THE FOLLOWING FOODS:

ANYTHING ELSE WE SHOULD KNOW:

PREFERRED NAME

BIRTH NAME (IF DIFFERENT)

MALE FEMALE OTHER BIRTHDATE: ___/___/___

SOCIAL SECURITY NUMBER*

(*REQUIRED IF TAKING A CLASS FOR CREDIT)

PARTICIPANT CELL PHONE

PARTICIPANT HOME PHONE

PARENT/GUARDIAN'S CELL PHONE

PARENT/GUARDIAN'S HOME PHONE

HAVE YOU GRADUATED FROM HIGH SCHOOL: YES NO

IF NO, GRADE ENTERING IN FALL: _____

EXPECTED GRADUATION YEAR: _____

IF YES, GRADUATION YEAR: _____

HIGH SCHOOL NAME

HIGH SCHOOL ADDRESS

ROOMMATE REQUEST:

THERE WILL BE TWO STUDENTS PER ROOM. WE DO OUR BEST TO ACCOMMODATE REQUESTS:

NAME

T-SHIRT SIZE:

- X-SMALL SMALL MEDIUM
- LARGE X-LARGE DONATE MY SHIRT



MEDICAL HISTORY FORM

Emergency Contact Information

Participant Name: _____ Male Female Age: _____

Height: _____ Weight: _____ DOB: _____

1st Parent or Guardian Name: _____ Relationship to Participant: _____

Home Phone Number: _____ Cell Phone Number: _____

2nd Parent or Guardian Name: _____ Relationship to Participant: _____

Home Phone Number: _____ Cell Phone Number: _____

Who can we call if the parent or guardian cannot be reached?

Name: _____ Relationship to Participant: _____

Home Phone Number: _____ Cell Phone Number: _____

Who is your family physician?

Name: _____ Office Phone Number: _____

Clinic/Hospital: _____

Address: _____

Who is your insurance carrier?

Company Name: _____ Office Phone Number: _____

Policy Number: _____

Please attach a copy of your insurance card here.

FRONT

Please attach a copy of your insurance card here.

BACK

MEDICAL HISTORY FORM CONT.

(Explain any answerers checked “yes” at the bottom of page. Attach an additional sheet if necessary.)

- Yes No Are you diabetic or have experienced symptoms related to having low blood sugar? If yes, explain below.
- 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, explain below.
- Yes No Do you have epilepsy or are subject to seizures? If yes, explain below.
- Yes No Do you or have you experienced frequent dizziness or are prone to fainting? If yes, explain below.
- Yes No Do you have any allergies (environmental, medical, or food)? If yes, explain below.
- Yes No Do you experience frequent nausea or vomiting? If yes, explain below.
- Yes No Have you had an acute illness, injury, or surgery within the last three months? If yes, explain below.
- 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 below.
- Yes No Do you have a panic disorder or have experienced panic or anxiety attacks? If yes, explain below.
- Yes No Have you ever suffered from environmental injuries such as hyperthermia, hypothermia, frostbite, or immersion (trench) foot? If yes, explain below.
- 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) If yes, explain below.
- Yes No Is your activity restricted in any way? If yes, explain below.
- Yes No Are you currently taking any medication? (prescription or non-prescription, vitamins included) If yes, please fill out the Medical Instruction chart on page 6.
- Yes No **Do you give Northland College staff permission** to administer first aid in the event of an emergency?
- Yes No **Do you permit** 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: _____
 A complete immunization record is NOT required.

Explain any “yes” answers:

Are there any other medical symptoms or events we should be aware of:

MEDICATION INSTRUCTION FORM CONT.

Upon arrival at Northland College, you will be asked to complete another medication form if there are any changes in the participant's medical history. Please plan accordingly.

By signing this form you are indicating the information provided 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 Medical 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



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: _____



CLIMBING WALL RELEASE, WAIVER, ASSUMPTION OF RISK, AND USER GUIDELINES

Please fill out this form to allow your child to participate in Northland College Summer Programs Climbing Wall activities.

ADULT

Print First Name Middle Initial Last Name

CHILD

Print First Name Middle Initial Last Name

WARNING, THIS AGREEMENT IS LEGALLY BINDING. BY SIGNING YOU GIVE UP YOUR RIGHT TO RECOVER ANY COMPENSATION, FOR ANY PERSONAL INJURIES, DAMAGE TO YOUR PROPERTY, OR FOR YOUR DEATH, ARISING OUT OF YOUR USE OF NORTHLAND COLLEGE'S, FACILITIES, ROCK CLIMBING WALLS OR EQUIPMENT (the "CLIMBING WALL"), OR ARISING OUT OF YOUR PARTICIPATION IN CLASSES OR ACTIVITIES ("INSTRUCTION ACTIVITIES"), INCLUDING TRANSPORTATION, PROVIDED BY NORTHLAND COLLEGE. YOU ARE RELEASING NORTHLAND COLLEGE, AND THE DESIGNERS, MANUFACTURERS AND INSTALLERS OF THE CLIMBING WALL AND ANY PERSONS USING NORTHLAND COLLEGE'S CLIMBING WALL. THIS AGREEMENT IS BINDING ON YOU, YOUR HEIRS, NEXT OF KIN, ASSIGNS, AND PERSONAL REPRESENTATIVES.

ASSUMPTION AND ACKNOWLEDGMENT OF RISK

WARNING: CLIMBING IS DANGEROUS!!! I, the undersigned, acknowledge and agree that the use of the Climbing Wall and Instruction Activities sponsored by Northland College have INHERENT RISKS. Those risks include, but are not limited to the following:

1. Injuries or death resulting from the failure or negligent misuse of Northland College's Climbing Wall.
2. Injuries resulting from slips, trips, falls, and/or the physical demands associated with the use of Northland College's Climbing Wall.
3. Injuries resulting from the swinging or fall of other persons who may come into contact with me or from any swinging or falls in which I come into contact with other persons.
4. Injuries occurring from the NEGLIGENCE or lack of adequate training of Northland College's volunteers, faculty, students, or employees assisting with medical or other help either before or after injuries have occurred.
5. Injuries resulting from the failure of Northland College's Climbing Wall, and also including but not limited to, failure of ropes, slings, harnesses, belay devices, handholds, anchor points, landing surface and its curbs, items left in landing surface and any other part of the climbing structure.
6. Injuries resulting from the NEGLIGENCE of Northland College's Climbing Wall operators, faculty, employees, or volunteer assistants, the NEGLIGENCE of other climbers, visitors, or persons present at Northland College's Climbing Wall, and the NEGLIGENCE of the designers, manufacturers or installers of the Climbing Wall.

I am aware of these and NUMEROUS OTHER INHERENT RISKS in using the Climbing Wall. I FREELY AND VOLUNTARILY ASSUME COMPLETE RESPONSIBILITY for these risks and for the injuries that may occur as a result of these risks EVEN IF injuries occur in a manner not foreseeable at the time I sign this agreement. I realize that by voluntarily assuming the risks involved, I am SOLELY RESPONSIBLE for any loss or damage I sustain, including PERSONAL INJURIES to me, damage to my PROPERTY, or damage arising out of my DEATH.

Initial _____

(If participant is under 18, Parent/Legal Guardian must initial.)

RELEASE AND PROMISE NOT TO SUE

In consideration of my observing or using Northland College's Climbing Wall, and/or in consideration of my participating in Instructional Activities I, on behalf of myself, my heirs, administrators and personal representatives, hereby RELEASE NORTHLAND COLLEGE AND FOREVER DISCHARGE IT FROM ANY AND ALL LIABILITY, and PROMISE NOT TO SUE Northland College, or any of its officers, directors, employees, faculty, staff, volunteers, or agents or any other climber, visitor, or person present in or using Northland College's Climbing Wall for any claims, losses, damages and/or demands arising out of any PERSONAL INJURIES sustained by me, damage to my PROPERTY, or my DEATH. This RELEASE extends to and shall be applicable to the designers, manufacturers and/or installers of Northland College's Climbing Wall.

If any provision of this Agreement is held invalid, the invalidity shall not affect other provisions of the Agreement which can be given effect without the invalid provision, and to this end the provisions of the Agreement are severable. This Agreement shall be governed by the laws of the State of Wisconsin.

Initial _____

(If participant is under 18, Parent/Legal Guardian must initial.)

CLIMBING WALL RELEASE, WAIVER, ASSUMPTION OF RISK, AND USER GUIDELINES CONT.

USER GUIDELINES AND REGULATIONS

- I acknowledge and understand that, as a user of the Northland College Climbing Wall, I have a responsibility to conduct myself and any and all persons under my supervision, including minor children, in a proper, courteous, and safe manner.
- I acknowledge and understand that I may not use the equipment and/or facilities at the Northland College Climbing Wall while intoxicated.
- I acknowledge and understand that I must receive instruction and pass a test prior to using the facility, the Climbing Wall, and/or belaying other climbers.
- I acknowledge and understand that Northland College has the right to deny access to its facilities to any person, permanently or for a specific period of time, for any failure to adhere to the User Guidelines and Regulations, or for any conduct that is viewed as unsafe, inappropriate, or unhealthy, including but not limited to: horseplay, foul or crude language, or defiance of a Northland College Climbing Wall staff, or Faculty request.

Initial _____ (If participant is under 18, Parent/Legal Guardian must initial.)

I HAVE READ THIS AGREEMENT THOROUGHLY AND UNDERSTAND ITS TERMS. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE TO ME THAT CHANGE, ALTER OR MODIFY ANYTHING WITHIN THIS AGREEMENT. I AGREE TO ALL TERMS. (ALTERATIONS OR MODIFICATIONS TO THIS DOCUMENT ARE NOT ALLOWED). THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL CANCELED OR MODIFIED BY A WRITING SIGNED BY NORTHLAND COLLEGE.

Signature (if participant is under 18, Parent/Legal Guardian must sign.)
 I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I AM SIGNING THIS RELEASE ON BEHALF OF THE MINOR.

Street Address (Print)

Date

City (Print) State Zip

Participant's Birth Date Age

Phone Number

Emergency Contact Name Phone Number

Email Address

Do you know of, or have you been advised of, any medical or psychological conditions that the participant has that could negatively affect, or be affected by, participation in physical activities?

YES / NO – If YES, please describe:

