

CAMP SHAW-WAW-NAS-SEE 2008 SUMMER PROGRAM REGISTRATION

PLEASE CAREFULLY PRINT. Parental signature required for campers under 18. Welcome letter confirms registration. Health history does NOT require a doctor's visit but must include doctor's name and phone number. Incomplete forms will be returned.

CAMPER INFORMATION (one form for each camper in individual programs) *T-shirts are included w/ registration fees this year, so please include T-shirt size* _____

Camper Last Name _____ Camper First Name _____ Grade in Sept. '08 ____ Sex ____
 Mailing Address _____ City _____ State ____ Zip Code _____
 Residence County _____ 4-H Member? YES NO 4-H Membership County _____ Birth Date ____/____/____
 Cabin Mate Requested (one name only) _____ How did you hear about camp? _____

CAMPER HEALTH HISTORY

Doctor's Name _____ Phone No. _____ Date of Last D.P.T. ____/____/____ Last Dr. Visit ____/____/____
 Recent Exposure to Contagious Disease? YES NO Explain: _____ Most Recent Illness & Treatment: _____
 History of Chronic: ____ Nose, Throat, Sinus, Ear, or Lung Infection ____ Heat Exhaustion or Fainting ____ Bed Wetting ____ Epilepsy ____ Allergies to _____
 ____ Sleep Walking ____ Nose Bleeds ____ Skin Condition ____ Diabetes ____ Asthma ____ Emotional/Behavior Disturbances ____ Other _____
 List All Medications Taken: _____ List Restrictions to Active Camp Life: _____

I understand that in case of serious injury or illness, we will be notified; but if it is impossible to contact us, we give permission for emergency treating or surgery as recommended by attending physician. I certify this camper is in good health and to the best of my knowledge has not recently been exposed to any contagious disease. I give permission for this camper to attend 4-H Camp and participate in all camp activities including out-of-camp travel when it is part of the camp program, and may appear in pictures for publicity purposes. To the best of my knowledge this camper's health history is as indicated and this camper may participate in an active camp program except as indicated.

Signature of Parent/Guardian OR Adult Camper (over 18) X _____ Date _____

List Phone Numbers Where Parent can be reached: HOME: (____) _____ day night WORK: (____) _____ day night CELL: (____) _____ day night

CAMP SESSION CHOICES: Write in Camp Date and Circle All Fees That Apply. **LIABILITY WAIVER FOR HORSE & CANOE ACTIVITIES MUST BE SIGNED and RETURNED WITH THIS APPLICATION**

- DAY CAMP** \$150 per week June 9-13 ____ June 16-20 ____ June 23-27 ____ June 30-July 4 ____ July 7-11 ____ July 14-18 ____ July 21-25 ____ July 28-Aug 1 ____ Aug 4-8 ____ Subtotal _____
1. Youth Camp Early Bird \$215 reg. \$240 (date) _____ Extended Stay \$150 Horse 1 hour ride \$25 Horsemanship Program \$120 Canoe \$35 subtotal: _____ 1.
 2. CIT I and II Early Bird \$220 reg. \$250: (date) _____ Extended Stay \$150 Horse 1 hour ride \$25 Horsemanship Program \$120 Canoe \$35 subtotal: _____ 2.
 3. Extreme Camp Early Bird \$325 Reg. \$350: (date) _____ Extended Stay \$150 Horse 1 hour ride \$25 Horsemanship Program \$120 Canoe \$35 subtotal: _____ 3.
 4. Discovery Camp Early Bird \$100 Reg. \$125 June 3-5 _____ (pony ride included in fee for this camp-please fill out release) subtotal: _____ 4.
 5. Wilderness Camp Early Bird \$125 Reg. \$150: June 13-15 _____ subtotal: _____ 5.
 6. Teen Adventure Early Bird \$125 reg. \$150: June 27-29 _____ Horse 1 hour ride \$25 _____ subtotal: _____ 6.
 7. Women's Weekend \$200: July 18-20 _____ Horse 1 hour ride \$25 _____ subtotal: _____ 7.
 8. Long Camp Early Bird \$670 Reg. \$750: July 20-31 _____ Horse 1 hour ride \$25 _____ subtotal: _____ 8.
 9. Kiss and Make-up Early Bird \$175 Reg. \$200: August 1-3 _____ Horse 1 hour ride \$25 _____ subtotal: _____ 9.
 10. Horse Camp Early Bird \$215 Reg. \$300: August 4-8 _____ subtotal: _____ 10.
 11. Environmental Camp Early Bird \$215 Reg. \$240: August 18-22 _____ subtotal: _____ 11.
 12. Family Camp \$400 plus \$50 for each additional over 5: July 4-6 _____ Number of People in Group _____ Number of Horse Rides @ \$25 _____ subtotal _____ 12.

Trading post account \$ _____ (\$25 recommended)

Day Camp Horse rides X \$25 per ride _____

TOTAL FEES OWED _____

PAYMENT INFORMATION

Make checks payable to N.I.C.A. Check/ Money Order Enclosed \$ _____

PLEASE ADD MY Tax Deductible DONATION TO CAMPAIGN CAMP SHAW \$ _____

MasterCard, VISA, Discover or American Express Card No. _____ Card Expiration Date Month ____ / Year ____

CARD HOLDER SIGNATURE _____ Print Card Holder Name _____ Fee Authorized on Credit Card \$ _____

CARD HOLDER ADDRESS _____ Home Phone (____) _____

SEND FULL FEE and completed form TO: N.I.C.A. ATTN: REGISTRAR 6641 N 6000W ROAD MANTENO, IL 60950-3428

For Horsebackriding or Canoeing, this form MUST BE SIGNED AND TURNED IN WITH REGISTRATION.

PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK WARNING!!!

Under Illinois Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

I _____ hereby state that I have read and understood the legal release from liability.
(print name)

Signature of Applicant for Services _____ **Date** _____ **Signature of Parent or Guardian** _____

In consideration of the services of Camp Shaw-waw-nas-see, Susan Crisp and their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "NICA"), I hereby agree to release, indemnify, and discharge NICA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that **horseback riding**, caring for horses, and all therapeutic activities involving horses, and **canoeing or riding in any water craft** entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **These risks include, among other things:** loss of control, collisions; horses, irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by rider; latent or apparent defects or conditions in equipment, animals or property; acts of other participants in this activity, adverse weather conditions; contact with plants, insects, or animals; my own physical condition or my own acts or omissions; the condition of remote roads, trails, waterways, or terrain, and accidents connected with their use; first-aid, emergency treatment or other services rendered; consumption of food and drink.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless NICA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity of my use of NICA's equipment or facilities, **including any such Claims which allege negligent acts or omissions of NICA.**
4. Should NICA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against NICA, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against NICA on the basis of any claim from which I have released them herein. _____ (initial)

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. _____ (initial)

Email address _____

The Univ. of Il Extension and NICA provide equal opportunities in program and employment. Enrollment is open to all peoples regardless of race, religion, national origin, sex or ability. "The Food Distribution and Special Milk Program is available to all persons. Any person who believes that he/she has been discriminated against in any USDA-related activity should write to Administrator, Food and Nutrition Service, 433101 Park center Drive, Alexandria VA 22302.