



Welcome to *the Wilds*

Hello,

Thank you for choosing WildeCamp at *the Wilds*. This packet contains all the registration forms you must complete. Please submit the following:

- The WildeCamp Participant Registration form signed by both you and your camper sign in the appropriate places
- A signed copy of the WildeCamp Policies form
- The WildeCamp Questionnaire
- A photocopy of your insurance card (if you have one)
- WildeCamp Working Wild Camp Application
- Payment form with a check or credit card information

Complete and return all forms 2 weeks before camp begins:

WildeCamp
at *the Wilds*
14000 International Rd.
Cumberland, OH 43732

If, at any time, you have questions or concerns, please contact Troy Burch at 740-638-5030 ext. 2231 or tburch@thewilds.org.

Note: WildeCamp Registration is not complete and spaces will not be held until *the Wilds* receives all registration forms and full payment for the desired session(s).

Sincerely,

Troy Burch
Conservation Education Specialist
the Wilds

Food Allergies

Other Allergies (include insect stings, hay fever, asthma, animal dander, poison ivy, etc.)

Attach additional pages if necessary.

Special Dietary Restrictions or Requirements: Check and describe.

NO Red Meat

NO Pork

NO Eggs

NO Poultry

NO Seafood

NO Dairy Products

Other (describe below)

Activity Restrictions: Explain any restrictions, what can be done, and what adaptations or limitations are necessary.

KIDS SIGN HERE!

Signature of Participant (Camper)

I understand and agree to abide by any restrictions placed on my participation in camp activities according to this form and agree to obey all rules set by *the Wilds* staff:

Signature of Participant _____ Date _____

CAMPER SIGN HERE (not parent)

Other Conditions or Circumstances: Describe any conditions or circumstances about the participant's behavior and physical, emotional, or mental health that will help *the Wilds* camp staff meet your child's needs.

Medical Authorization
PARENT / GUARDIAN MUST COMPLETE THIS ENTIRE SECTION

If the participant is a minor, I authorize American Red Cross first aid/CPR certified personnel of *the Wilds* to:

- Dispense acetaminophen (Tylenol) to the participant for headache, fever, minor pain Yes No
- Dispense diphenhydramine HCL (Benadryl) to participant for allergic reactions Yes No
- Provide first aid treatment and/or emergency medical treatment to participant Yes No
- Administer prescribed medications Yes No
- Seek emergency medical treatment including x-rays or routine tests Yes No
- Arrange necessary transportation for me or my child Yes No
- If I cannot be reached, I give permission to the physician selected by *the Wilds* to secure and administer treatment, including hospitalization for the participant named above. Yes No

General Health Questions
PARENT / GUARDIAN MUST COMPLETE THIS ENTIRE SECTION

Has/does the participant:	YES	NO
1. Had any recent injury, illness or infectious disease?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____
3. Ever been hospitalized?	_____	_____
4. Ever had surgery?	_____	_____
5. Have frequent headaches?	_____	_____
6. Ever had a head injury?	_____	_____
7. Ever been knocked unconscious?	_____	_____
8. Wear glasses, contacts, or protective eyewear?	_____	_____
9. Ever had frequent ear infections?	_____	_____
10. Ever passed out during or after exercise?	_____	_____
11. Ever been dizzy before or after exercise?	_____	_____
12. Ever had seizures?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____
14. Ever had high blood pressure?	_____	_____
15. Ever been diagnosed with heart murmur?	_____	_____
16. Ever had back problems?	_____	_____
17. Ever had problems with joints (i.e., knees, ankles, etc.)?	_____	_____
18. Have an orthodontic appliance being brought to camp?	_____	_____
19. Have any skin problems (itching, rash, acne)?	_____	_____
20. Have diabetes?	_____	_____
21. Have asthma?	_____	_____
22. Had mononucleosis in the past 12 months?	_____	_____
23. Had problems with diarrhea/constipation?	_____	_____
24. Have problems with sleepwalking?	_____	_____
25. If female, have an abnormal menstrual history?	_____	_____
26. Ever had an eating disorder?	_____	_____
27. Have a history of bed-wetting?	_____	_____
28. Ever had emotional difficulties for which professional help was sought?	_____	_____

Please explain any "yes" answers, noting the number of the question:

Attach additional pages if necessary.

Immunization and Illness Records

Which of the following has the participant had?

- Measles Chicken Pox German Measles Mumps Hepatitis A Hepatitis B Hepatitis C

Immunization Records:

Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/Diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
• Or Measles	_____	_____	_____	_____	_____	_____
• Or Mumps	_____	_____	_____	_____	_____	_____
• Or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____

TB Mantoux Test (Date of last test): _____ Results: Negative Positive

Family Physician Contacts

Family Physician _____ Phone _____

Address _____

Dentist/Orthodontist _____ Phone _____

Address _____

**IMPORTANT – PLEASE COMPLETE
AND ADVISE *WILDS* STAFF IN WRITING IF ANY CHANGE**

Person(s) Authorized to Drop my Child at Camp (print names and their phone numbers):

Person(s) Authorized to Pick Up my Child at Camp (print names and their phone numbers):

Note: No other persons are permitted to drop off or pick up any camper for any reason without written authorization from Parent or Guardian. Please consider who you would ask to pick up your camper in the event of an emergency and add them to this list. You will be issued a **Pick-Up Tag for your camper** that must accompany the person(s) taking the camper from *the Wilds*.

Release of Liability

I acknowledge that certain hazards and dangers are inherent in outdoor activities and programs. I hereby release *the Wilds*, its officers and employees, from any claims for personal injury or property damage arising out of participant's participation in WildeCamp Summer Camp. I also authorize this health form as correct and complete as far as I know. The participant herein described has permission to engage in all camp activities except as noted. Additionally, I authorize *the Wilds* to use any photos of my camper for promotional use. All Work Camps and Counselor-In-Training (OIKOS) activities are for learning purposes only and are not subject to compensation. I authorize the persons listed above to drop-off or pick-up my child. I understand that an injury sustained by the participant while participating in WildeCamp Summer Camp will not be covered by *the Wilds*' insurance.

Participant or Parent / Guardian Name: _____

Signature: _____ Date: _____

PARENT / GUARDIAN SIGN HERE

Note: WildeCamp registration is not confirmed until *the Wilds* receives full payment and completed forms.

**WildeCamp
at the Wilds
14000 International Rd.
Cumberland, OH 43732
740-638-5030 x2231**

Questions? Email tburch@thewilds.org





WildeCamp Policies

Refunds:

the Wilds refunds the full amount for cancellations made four weeks, or more, prior to the first day of camp. There is a \$100 cancellation fee for cancelling within four weeks of the first day of camp.

"Do Not Bring" Items:

Any camper possessing an item listed as "Do Not Bring" on the "Bring It List" will be sent home without a refund. The "Bring It List" list will be provided with confirmation forms following registration and payment.

Violence:

the Wilds has a zero tolerance policy regarding violence. Campers exhibiting violent behavior will be sent home without a refund.

Calling Home:

To reduce homesickness, we refrain from allowing campers to talk to their parents during camp. Please do not encourage them to call home. Consider sending letters, packages, or e-mails to your camper at the following addresses. For e-mails, write "WildeCamper [camper's name]" in the subject line. Mail is delivered daily.

WildeCamper "their name"
c/o Troy Burch
the Wilds

14000 International Rd
Cumberland, OH 43732

"tburch@thewilds.org" and "dbrooks@thewilds.org"

Writing Letters Home:

Send stamped, pre-addressed envelopes and stationary with your camper to allow them to write home.

I verify that I have read and understand the policies set forth in this document.

Parent / Guardian Name: _____

Signature: _____ Date: _____

Camper Name: _____

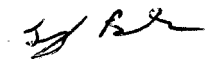
Signature: _____ Date: _____

WILDECAMP QUESTIONNAIRE for 2010

WildeCamper Parents / Guardians

We want to be able to serve you, your camper, and your camper's needs in the best possible way and make their stay at *the Wilds* a joy and pleasure. Help us by filling out the enclosed questionnaire about your child. This information will be provided to our counselors so they may get to know your child before camp begins. Thank you for encouraging your young person to become one of tomorrow's "Earth keepers".

Truly,



Troy Burch
Conservation Education Specialist
the Wilds

YURT OPTION - Please place my camper in the same yurt as:

_____ / _____

Write in no more than 2 other campers that are attending the same session.

Camper's Name: _____ Age: _____

Camper's interests in wildlife (please be specific):

Camper's past experiences with animals:

Pets camper has cared for:

Camper's hobbies, sports, and interests:

Has camper been to WildeCamp before? YES NO If so, what year(s)? _____

Has camper been to another camp program before? YES NO

Duration of longest session attended in days _____

Please circle camper's t-shirt size: **Youth – S M L Adult – S M L XL XXL**

NOTE: Youth XL is the same size as an Adult M

Potential difficulties you believe your camper may have at WildeCamp:

Limitations on activity participation that need to be addressed with camper:

Additional concerns you possess about your child's welfare:

My camper is (rate the following):

	None		Moderately						Highly		Don't Know
	1	2	3	4	5	6	7	8	9	10	DK
Allergic to poison ivy	1	2	3	4	5	6	7	8	9	10	DK
Able to swim	1	2	3	4	5	6	7	8	9	10	DK
Afraid of heights	1	2	3	4	5	6	7	8	9	10	DK
A people person	1	2	3	4	5	6	7	8	9	10	DK
Introverted	1	2	3	4	5	6	7	8	9	10	DK
Academically inclined	1	2	3	4	5	6	7	8	9	10	DK
Sensitive to sun	1	2	3	4	5	6	7	8	9	10	DK
Rebellious at times	1	2	3	4	5	6	7	8	9	10	DK
Usually compliant	1	2	3	4	5	6	7	8	9	10	DK
Very energetic	1	2	3	4	5	6	7	8	9	10	DK
Laid back	1	2	3	4	5	6	7	8	9	10	DK

Thanks for taking the time to give us a preview of your camper! We'll see you at WildeCamp!

If you have questions or concerns about WildeCamp, contact:

Troy Burch
tburch@thewilds.org
740-638-5030 x2231
14000 International Rd.
Cumberland, OH 43732

WildeCamp Working Wild Camp Application

Camper Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

This camp experience is for campers who want to learn about careers in Animal Husbandry and Management, Veterinary Medicine, and Wildlife Habitat Management. Each camper attends one focus group with programming led by *Wilds'* specialists. Campers must be entering 10th grade or above.

ANIMAL MANAGEMENT AND HUSBANDRY – *Capture and Restraint Techniques, Species Survival Planning, Captive Animal Studbooks, Herd Management, Behavioral Observation, Facilities Design, Animal Housing Upkeep, & Animal Nutrition*

VETERINARY MEDICINE – *Diagnostic Testing (Laparoscopy, Ultrasonography, Radiology, Hematology, Parasitology), Anesthesia, Patient Monitoring, Anatomy, Wildlife Diseases, & Necropsy Techniques*

WILDLIFE HABITAT MANAGEMENT – *Ecological Concepts, Plant and Animal Species Identification, Native Pollinator Monitoring and Preservation, Habitat Improvement, Land Management Techniques*

Due to the small size of each group (12) and the high interest in these camps, a selection process is required. Please complete the following application and return it to:

WildeCamp Working Wild
the Wilds
14000 International Rd.
Cumberland OH 43732

Select a camp focus with one being your first choice. A 2nd or 3rd choice is not required, but recommended. You will receive a full refund if you are not selected. The first round of selections for focus groups will be after May 1, 2010.

Animal Mgmt _____ Vet Medicine _____ Wildlife Habitat Mgmt _____

ANSWER BY CIRCLING

Have you attended a WildeCamp session before?	YES	NO	
Have you attended other summer camps before?	YES	NO	
Does the sight of blood or dead animals disturb you?	YES	NO	DON'T KNOW

Attach a brief essay (up to 350 words, typed) explaining why you would like to be selected for a specific focus group. Include your interests, experiences, volunteer activities, or an event that inspired your interest in this field of study.

2010 WildeCamp Payment Form

Participant Name: _____
First Middle Last

Parent/Guardian Name: _____

Session	Title	Date	Non Member	Member	Total
A	Earthkeepers	Jun 13-19	\$ 490.00	\$ 420.00	\$ _____
B	Kritterkids	Jun 20-24	\$ 315.00	\$ 285.00	\$ _____
C	Creature Corps	Jun 27-Jul 3	\$ 455.00	\$ 410.00	\$ _____
C	Oikos	Jun 27-Jul 3	\$ 455.00	\$ 410.00	\$ _____
D	Earthkeepers	Jul 4-10	\$ 490.00	\$ 420.00	\$ _____
E	Xtreme	Jul 11-17	\$ 550.00	\$ 470.00	\$ _____
F	Kritterkids	Jul 18-22	\$ 315.00	\$ 285.00	\$ _____
G	Creature Corps	Jul 25-31	\$ 455.00	\$ 410.00	\$ _____
G	Oikos	Jul 25-31	\$ 455.00	\$ 410.00	\$ _____
H	Earthkeepers	Aug 1-7	\$ 490.00	\$ 420.00	\$ _____
I	Creature Corps	Aug 8-14	\$ 455.00	\$ 410.00	\$ _____
I	Oikos	Aug 8-14	\$ 455.00	\$ 410.00	\$ _____
J	Working Wilds	Aug 15-20	\$ 675.00	\$ 610.00	\$ _____

Please make checks payable to *the Wilds*.

Check Enclosed

Credit Card Payment Method: Visa MC Discover Am. Exp.

Card#: _____

Exp.Date: _____ 3-4 Digit Code: _____

Name on Card: _____

Billing Address: _____

City

State

Zip

Name must be as it appears on credit card.

If you wish, credit card payments may be phoned in by calling *the Wilds*' Reservation Coordinator at 740-638-5030 ext 2286. If you call in your payment, do not submit a payment form with your registration forms.