



Mount St. Helens Institute

Volcano Venture Camp Registration Form 2017

Please print carefully and return to Mount St. Helens Institute. By email: learn@mshinstitute.org

By mail: Mount St. Helens Institute, Attn: Volcano Venture, 42218 NE Yale Bridge Road Amboy WA 98601

Camper Information

Camper's First Name: _____ Camper's Last Name: _____
Camper's Nick Name(s): _____
Grade in Fall 2017: _____ Date of Birth: _____ Age at camp: _____ Gender: ☐ Male ☐ Female
Camper's Home Address: _____
City: _____ State: _____ Zip Code: _____

Camper will attend.... ☐ Volcano Venture July 15-16, 2017 ☐ Volcano Venture August 9-11, 2017
☐ Volcano Venture July 19-20, 2017

Parent/Guardian Information

Parent/Guardian 1: _____	Parent/Guardian 2: _____
Relationship to Camper: _____	Relationship to Camper: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____

Camper lives with... ☐ Both parents – together ☐ Both parents - separately ☐ Mom only ☐ Dad only ☐
Other _____

How I heard about Volcano Venture.... ☐ Vancouver Summer Camps Guide ☐ MSHI Website ☐ MSHI Facebook
☐ Science & Learning Center Website ☐ Friend Recommended ☐ Other: _____

Who will pick-up the camper on the last day of Volcano Venture*?

Primary Person: _____ Phone Number: _____
Alternate Person: _____ Phone Number: _____

*Camper will ONLY be released to the persons named above.

Emergency Contact Information

Emergency Contact 1: _____	Emergency Contact 2: _____
Relationship to Camper: _____	Relationship to Camper: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	E-mail: _____

Camper's Primary Care Physician: _____ Phone: _____
Camper's Primary Dentist: _____ Phone: _____
Camper's Health Insurance Provider: _____ Member Number: _____



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Basic Health Information

The camp environment is very different than home. Please answer the following questions honestly and completely. Attach additional information to help us assure your child's safety at camp.

Chronic/Recurring Illness

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Musculoskeletal Disorder | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |

Immunizations

Immunization	Month/Year	Immunization	Month/Year
<input type="checkbox"/> Diphtheria, Tetanus, Pertussis (DTaP or Tdap)		<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Tetanus Booster (DTaP or Tdap)		<input type="checkbox"/> Hepatitis A	
<input type="checkbox"/> Mumps, Measles, Rubella (MMR)		<input type="checkbox"/> Varicella (Chicken Pox)	
<input type="checkbox"/> Pneumococcal (PCV)		<input type="checkbox"/> Meningococcal Meningitis (MCV4)	

Since their last health exam, has the camper...

Please explain any "Yes" answers and include dates

Had any exposure to a contagious disease? ☐ No ☐ Yes: _____

Had a condition requiring medical attention? ☐ No ☐ Yes: _____

Been treated in a hospital or emergency room? ☐ No ☐ Yes: _____

Allergies

Does your child have any allergies? ☐ No ☐ Yes, listed below

Type of Allergy: ☐ Food ☐ Medicine ☐ Other: _____

Description of Allergy: _____

Severity of Allergy: ☐ Mild ☐ Moderate ☐ Severe ☐ Life Threatening

Treatment: _____

Type of Allergy: ☐ Food ☐ Medicine ☐ Other: _____

Description of Allergy: _____

Severity of Allergy: ☐ Mild ☐ Moderate ☐ Severe ☐ Life Threatening

Treatment: _____

Type of Allergy: ☐ Food ☐ Medicine ☐ Other: _____

Severity of Allergy: ☐ Mild ☐ Moderate ☐ Severe ☐ Life Threatening

Reaction: _____

Treatment: _____

Type of Allergy: ☐ Food ☐ Medicine ☐ Other: _____

Severity of Allergy: ☐ Mild ☐ Moderate ☐ Severe ☐ Life Threatening

Reaction: _____

Treatment: _____



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Medications

Does your child take any prescribed or over-the-counter medications? ☐ No ☐ Yes, listed below

Medication Name	Reason for Use	Dosage	Administration* Date & Time

* Please note that your child must administer their medication(s) by his/herself under the guidance of certified staff.

Dietary Restrictions

Does your child have any dietary restrictions? ☐ No ☐ Yes, listed below

Dietary Restriction	Substitute

Operations, Hospitalizations or Other Serious Injuries

Has your child had any operations, hospitalizations or other serious injuries? ☐ No ☐ Yes, listed below

Operation, Hospitalization or Other Serious Injury	Month/Year

Behavior

Does your child have any behavioral habits that may be disruptive to group learning? ☐ No ☐ Yes, list below and describe ways you redirect behavior.

Activities to Encourage or Restrict

Are there any specific activities to be encouraged? ☐ No ☐ Yes, listed below

Are there any specific activities to be restricted? ☐ No ☐ Yes, listed below



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Liability and Release Waiver: INITIAL EACH STATEMENT BELOW AND SIGN AT THE BOTTOM

[Name]_____ has my permission to participate in Mount St. Helens Institute's Volcano Venture program. I am at least 18 years old and authorized to give this consent. I am aware that the United States Forest Service (USFS), the United States Geological Survey (USGS), and others are MSHI Affiliates.

___ I acknowledge and understand that activities and schedules are subject to change / cancellation at the discretion of Mount St. Helens Institute Volcano Venture and its staff.

___ I understand none of the following will result in a refund of any participation fees: homesickness, illness, change of family plans, dismissal from program and/or personal schedule conflicts/changes.

___ I understand it is my and/or my child's responsibility to participate cooperatively in the program including work, play, values sharing and living together. I agree to ensure that, at all times, I and/or my child abides by the rules of the program. I understand and agree to explain to my child that any violation of rules related (but not limited) to possession of any alcohol, drugs or tobacco products; possession of any weapon; inappropriate or offensive contact, behavior or communications to/with other participants or staff, such as racial, religious or sexual slurs or intimidation/violence/bullying; theft; vandalism; or unlawful conduct, will result in immediate dismissal from the program with no refund of program fees. If I or my child is dismissed, it is my or a parent's/guardian's responsibility logistically and financially to depart/retrieve his or her child.

___ If the camper needs medical treatment, I consent and authorize accompanying representative(s) of Mount St. Helens Institute (MSHI/MSHI Affiliates) to permit treatment. In case of emergency, I request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I have been asked, informed and provided any additional consent. I agree to be responsible for and pay all medical treatment charges and to release, hold harmless, defend and indemnify the MSHI for such expenses.

___ I understand that it is my responsibility to provide and maintain accident and health insurance for my child participating in all MSHI activities and programs, and understand and acknowledge that the MSHI does not provide any accident or health insurance coverage for its participants.

___ I understand that I or my child will participate in outdoor and indoor activities that include known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to me and/or my child, property or third parties. I and my child assume all risks of participation in these activities.

___ I confirm that my child does not have any physical, mental, emotional or other conditions that restrict or prevent my child from participating in the scheduled activities, or which increase the risk of harm, except:_____

___ I agree to release, waive, indemnify and hold harmless the MSHI, all MSHI Affiliates including, the USFS, the USGS and all others, and their respective directors, officers, instructors, employees, sponsors, agents, licensees, invitees, representatives, and volunteers (collectively, the "Releasees"), from all actions, claims, or demands that I and/or my child, and my/our legal representatives, heirs distribute, next of kin, guardians have, or may have in the future for injury, disability, death or property damage. This agreement includes, but is not limited to, claims or demands arising from injury or damage caused or allegedly caused by the negligence of one or more of the Releasees and/or MSHI program participants, guests or trespassers.

___ I hereby acknowledge that by signing, I am providing to the waiver and release above, which confirms my intent to bound by its terms.

___ I am giving the consents giving the consents, waivers and releases herein freely, with a full understanding of their meanings and consequences. I am at least 18 years old, am authorized to sign this agreement, and confirm this agreement binds me, my family and my child (or the child for whom I am signing as legal guardian and his/her family).

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____



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Photo Consent and Release

In support of the Mount St. Helens Institute's mission of advancing understanding and stewardship of earth through science, education, and exploration of volcanic landscapes, I hereby give my consent:

- a) to the Mount St. Helens Institute, and its affiliates and their agents to film, photograph, tape or otherwise make a video reproduction of me or my child/children and/or record our voice(s); and,
- b) to the Mount St. Helens Institute to use my name or my child/children's name and such film, photograph, tape or reproduction of us and/or recording of our voice(s), in part or in whole, in newspapers, magazines and other print media, on television, radio and electronic media (including the "Internet"), in theatrical media and/or in mailings for educational and awareness campaigns by the Mount St. Helens Institute, in connection with the promotion of Mount St. Helens products and/or to help raise funds for Mount St. Helens programs.

Consent to such use is given in perpetuity, and does not require prior approval by me. I further disclaim any right to receive compensation or economic benefit that has or could have become due in connection with the use of the film, photograph, tape or reproduction of me, my child/children and/or the recording of our voice(s).

I am giving the consents, waivers and releases herein freely, with a full understanding of their meanings and consequences. I am at least 18 years old, am authorized to sign this agreement, and confirm this agreement binds me, my family and my child (or the child for whom I am signing as legal guardian and his/her family).

CONSENT ON BEHALF OF A MINOR PARTICIPANT

Participant Name (print): _____

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____