



SWA Registration, Medical Health History and Permission Form

The following form, designed to meet American Camping Association Standards is to be completed by the parent or guardian of Squeaky Wheel Adventures participants. It is not intended to replace a physician's medical exam but to provide information for the Squeaky Wheel Adventures senior staff in the event of an emergency or medical problem. This information is completely confidential and will not be viewed or shared with anyone but the senior staff. Your cooperation in filling this out will help us take better care of your child this summer.

Camper name _____

Date of birth _____ Age _____ Sex _____ Grade (Fall '2011) _____

Height _____ Weight _____ T-Shirt Size _____ Shoe size _____

Trip Selection:

Ice Breaker: \$130

2/4 - 2/5

Ice Breaker: \$130

3/10 - 3/11

Mother's / Guardian's name _____

Father's / Guardian's name _____

Street address _____

City, state, zip _____

Home phone _____

E-mail address _____

Business address _____

City, state, zip _____

Business phone _____ Cell phone/pager _____

If I am not available in an emergency, please contact:

Name _____
Relationship _____

Telephone _____
Alt. phone _____

Second name _____
Relationship _____

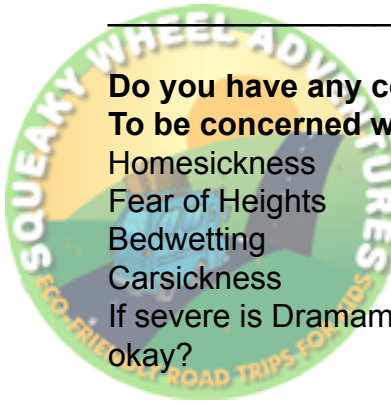
Telephone _____
Alt. phone _____

Health History: Please explain in detail in the right hand margin or on the reverse side, any conditions that we should be aware of and any first aid measures to be taken should an emergency occur in the wilderness. Please check any of the following if they apply and give approximate dates. (current, past, etc.)

Frequent ear infections _____
Heart defect or disease _____
Convulsions _____
Diabetes _____
Bleeding/clotting disorders _____
Hypertension _____
Mononucleosis _____
Epilepsy _____

Diseases

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____



**Do you have any conditions we need
To be concerned with?**

Homesickness _____
Fear of Heights _____
Bedwetting _____
Carsickness _____
If severe is Dramamine
okay? _____

Allergies

Hay Fever _____
Ivy poisoning _____
Penicillin _____
Other drugs _____
Asthma _____
Insect stings _____
Is Benedryl okay? _____

Will your child have a prescription inhaler?

Will your child have an Epi-pen?

Are you prone to:

Heat stroke _____
Fainting _____
Nosebleeds _____
Sprains _____

Where? _____

It is a state of Maine law that all school age children will have been vaccinated for the following diseases: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps and Rubella. It will also be assumed that your child will have taken a tuberculin test. If for some reason, your child has not received any of the above vaccinations and we should be aware of this, please explain below.

Current tetanus boosters are valid for up to ten years, but this varies with the severity of an injury or puncture wound. **Please list the date of your child's last booster:**

1. Please list any significant past injuries or operations (example: fracture, dislocation, concussion, major lacerations...)

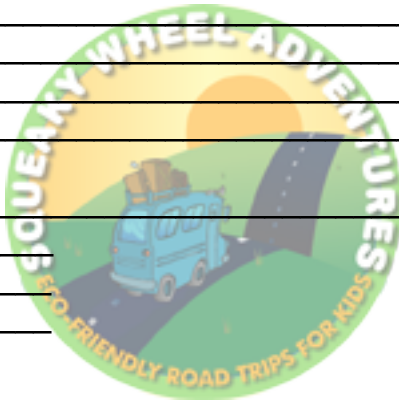
2. Disability or chronic or recurring illness:

Are you a vegetarian? _____

Do you eat chicken? _____

Do you eat fish? _____

Do you eat eggs? _____



Dietary modifications? _____

Are you currently under medication that should be noted?

Please check the swimming ability of your child

non-swimmer

beginner

intermediate

advanced

Name of dentist/orthodontist? _____

Telephone number _____

Name of family physician _____

Telephone number _____

Medical Insurance Co. (Carrier) _____
Policy number - group number _____
Subscriber name _____

For females: Has this person menstruated? _____
If not, has menstruation been explained to her? _____
If so, is her menstrual history normal? _____
Special considerations? _____

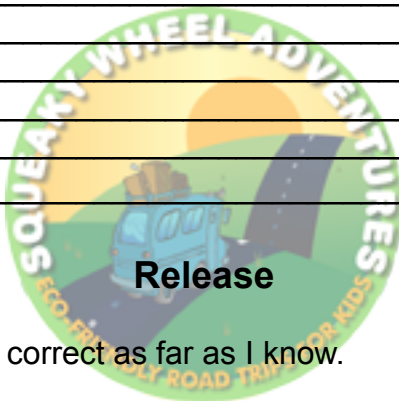
Has your appendix been removed? _____

Have your tonsils been removed? _____

Do you wear contact lenses or glasses? _____
Will you be bringing an extra set? _____

Do you wear braces or removable bridgework? _____

Any other information or conditions that we should be made aware of for the safety and welfare of your child?



I hereby certify that this health history is correct as far as I know.

The undersigned, being the parent or guardian of the camper on this form, releases and discharges Squeaky Wheel Adventures, it's staff, counselors and directors from any claim which the said child or undersigned may have, individually and/or as parent (guardian) of our child, as well as any action that our child may have against aforesaid parties, except for negligence, resulting from any act or action, damage and/or injury that may befall our child as a result of his/her being a participant of Squeaky Wheel Adventures and engaging in any type of activity resulting in the injury or damage to our child.

Outdoor activities and sports have inherent risks, and can result in serious injury or death. Specifically, but not by way of limitation, the undersigned consents that his/her child may participate in all Squeaky Wheel Adventures activities that may pertain to his/her trip, including: flatwater and whitewater canoeing, whitewater rafting and flatwater rafting, duckies (inflatable kayaks), inner tubing in rapids or pulled behind a motorboat, swimming (including rapids and moving water) jumping off small cliffs into deep pools of water, commercial water & alpine slides, backpacking or hiking, sailing on lake or ocean vessels, pontoon boats, horseback riding, bicycling (on and off road), laser tag, downhill skiing and vehicular travel (car, van, train, plane, ferry, cable car, etc) and the undersigned releases the aforesaid parties from any and all claims that may arise as a result thereof.

The undersigned understands that all Squeaky Wheel Adventures participants must have proof of medical insurance coverage and they are responsible for payment of any bills incurred for medical services rendered.

Policies

Departure From a Trip:

Though Squeaky Wheel Adventures attempts to diffuse any problems on a trip, occasionally there are campers who must leave the trip for one reason or another. This includes negative, disruptive behavior – in which no refund will be issued!! Should this situation occur; parents/guardians are responsible for picking up their children at the trip location. Should a parent be unable or unwilling to come and get their child, Squeaky Wheel Adventures will make auto, bus or plane arrangements to return the child home – and parents will be fully liable for these costs. This situation has not occurred to date, but it could, and we want parents to understand, in advance, our policies. Squeaky Wheel Adventures pledges to have a staff member stay with the camper until parents arrive or arrangements, in our eyes, seem secure. Squeaky Wheel Adventures outlines expectation clearly before and during each trip to the participants and holds a strict no tolerance policy for the safety and well being of each participant and the staff.

Restrictions:

THERE WILL BE NO DRUGS, CIGARETTES, ALCOHOL, FIREWORKS, OR PORNOGRAPHY BROUGHT ON ANY TRIPS. Radio and music boxes will not be brought on any wilderness trips. It goes without saying that there will not be any intimate sexual conduct on any trips.

I hereby give permission to the medical personnel selected by the staff of Squeaky Wheel Adventures to order X-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency at any of the numbers listed in the preceding pages, I hereby give permission to the physician selected by Squeaky Wheel Adventures staff to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

I hereby certify that I have read and reviewed with my child the appropriate policies of Squeaky Wheel Adventures and agree to abide by their conditions.

With the understanding that each and every Squeaky Wheel Adventures trip is conducted with safety foremost in our minds, I hereby give permission for my child to participate in Squeaky Wheel Adventures activities this summer.

Name of participant _____ Date: _____

Signature of parent / Guardian _____

Signature of participant _____