JUST HANGING AROUND
THEN HANG WITH US

Y Adventure Club
Grades 4–7

The Spring Rock Climbing Trip
to Devil’s Lake State Park is
Friday-Saturday,
May 4-5, 2018
Pre-register by May 3

Regular club meetings are the 2nd and
4th Thursday of the month @ 6:00 pm
in the YMCA Teen Center. New
members are always welcome.
Meetings are free! As with all YMCA
Teen Programs a YMCA membership
is not required.

For more information contact:
Stevens Point Area YMCA
715 342 2980 ext. 326
tpraeger@spymca.org
Stevens Point Area YMCA – Adventure Club

DEVIL’S LAKE STATE PARK ROCK CLIMBING TRIP
Friday, May 4th at 4:00pm – Saturday, May 5th at 7:00pm, 2018
Grades 4-8 (YMCA Membership Not Required)
Fee: $35 (Financial Assistance is Available)

YMCA Provides:
Bus Transportation
Climbing and Camping Equipment
Staff & Climbing Instruction
Dinner, Breakfast, Lunch & Road Snack

Bring:
See trip details on attached page

What do you need to do before you can go:
☐ Complete this form
☐ Complete or have on file the YMCA TAC Application and Health History/Wavier
☐ Register w/ completed forms and fee at the YMCA Main Desk by 6:00 pm on Wednesday, May 2nd
☐ Attend the trip informational meeting on Thursday, May 3rd at 6:00pm
☐ Show up at the YMCA by 4:00pm on Friday

Questions: Please contact Pete Matthai, Camp Director (715) 342-2980 ext. 308
1000 Divisions Street, Stevens Point, WI 54481 pmatthai@spymca.org

Stevens Point Area YMCA – Adventure Club
PARENT/GUARDIAN CONSENT & REGISTRATION FORM
DEVIL’S LAKE ROCK CLIMBING TRIP

_____ P/G Initials I hereby certify that my child is in good health and capable of safe participation, and can participate in the YMCA Adventure Club - Devil’s Lake State Park Rock Climbing Trip on Friday - Saturday, May 4-5, 2018 from 4:00pm – 7:00pm.

_____ P/G Initials I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child’s voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, agents, representatives, and volunteers shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

_____ P/G Initials In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

Participant Name ____________________________________________________________ Birth Date ____________ Grade _______ M or F
Participant Address ____________________________________________________________________________________________________________

Parent/Guardian Name(s) ______________________________________________________________________________________________________
Home Phone(s) __________________________ Other Phone(s) __________________________

_____ P/G Initials To participate all participants must fully complete this consent form and also have on file or fully complete the YMCA Adventure Club Application and Health History/Release Forms. I understand that it is my responsibility to provide any health changes or updates to the YMCA in writing. I have carefully read and initialed each of the above parental/guardian consent sections. I fully understand that by signing this form I have given my consent on all sections contained within.

I __________________________ (participant) agree to abide by the Stevens Point Area YMCA policies and guidelines and the Adventure Club Code of Conduct. If I fail to follow these guidelines and code of conduct, I understand that the YMCA will notify my parents and send me home immediately. I also understand that my parents will be expected to pick me up, or to pay for my transportation home, and that no fee refunds will be issued.

Signature of Participant __________________________ Date ___________
Signature of Parent/Guardian __________________________ Date ___________
Dear Friend of the Rock,

You will find this information helpful and very important as you prepare for this adventure. This trip is being planned and led by the Stevens Point Area YMCA Adventure Club Staff and participants.

1. **Trip Overview:** Friday night will be spent camping out in tents at Devil’s Lake State Park. Friday evening will include campsite set-up, dinner and a rock climbing orientation. Saturday morning we will pack-up the campsite and head off to our rock climbing site where we will spend the rest of our time. Breakfast, lunch and a road snack will be provided on Saturday. We will return to the Stevens Point Area YMCA on Saturday evening.

2. **Orientation Meeting:** An orientation meeting will be held at the YMCA on Thursday, May 3rd, 6:00pm – 7:00pm. This meeting will serve as time to answer any last minute questions, discuss the trip plans, general organization and preparation, and some icebreakers.

3. **Arrival:** The trip dates are Friday – Saturday, May 4-5, 2018. Participants should arrive at the YMCA before 4:00pm on Friday. Park on Briggs Street and use the Briggs and Division Street entrance of the YMCA.

4. **Return:** We will return to the YMCA Saturday evening May 5th and participants should be picked by 7:00pm. Again, park on Briggs Street and use the Briggs and Division Street entrance of the YMCA.

5. **Clothing and Equipment:** For your personal safety and comfort it is important that you follow the clothing and equipment list. We suggest that you borrow any items that you do not personally own. Most of these items are available at local department stores. Keep in mind that items may get dirty and wet, dress for the outdoors, and pack light and prepared.

6. **Health History Form:** All participants must complete or have on file an updated YMCA Adventure Club Application and Health History/Wavier.

7. **Medications:** All medications must be administered and kept secure by an authorized YMCA staff. All participant medications must adhere to the following:

   **Prescription Medications:**
   - Be in their Original Container
   - Be clearly labeled with:
     - Participant’s Name
     - Name of Prescribing Physician
     - Prescription Number
     - Date Prescribed
     - Name of the Medication and directions for use
   - Please include written information on adverse reactions and any specific conditions when a physician should be contacted.

   **Non-Prescription Medications:**
   - Be in their Original Container
   - Be clearly labeled with:
     - Participant’s Name
     - Name of Medication
     - Dosage and Directions for Administering

8. **Insurance:** Health and accident insurance coverage for each participant is the responsibility of the parents/guardians. Should the need arise, we will contact parents/guardians or listed emergency persons in regards to a participants health. You would be responsible for any medical treatment charges incurred by your child. It is important that you provide us with your insurance information on the Health Form and if possible a copy of your insurance Card.

9. **Cancellation Policy:** If the YMCA cancels the trip, a full refund will be given. Once registered, refunds may not be available for participant cancellations.

We are looking forward to good climbing and great weather. We’ll see you soon! If you have any questions or concerns please contact Pete Matthai, Camp Director at (715) 342-2980 ext. 308 or by email at pmatthai@spymca.org
PERSONAL CLOTHING AND EQUIPMENT LIST

For your personal safety and comfort it is important that you follow this clothing and equipment list. We suggest that you borrow any items that you do not personally own. Most of these items are available at local department stores. Keep in mind that items may get dirty and wet, dress for the wilderness, and pack light and prepared.

CLOTHING
- 1 soft duffel bag (to pack all this stuff in)
- 1 pair of long pants – loose fitting and comfortable (quick dry)
- 1 pair of shorts – loose fitting and comfortable (quick dry)
- 1 T-shirt
- 1 pair of long underwear – top and bottom (poly-propylene/thermax – warm when wet!)
- 2 pairs underwear
- 2 pairs of socks (wool/synthetic blend)
- 1 brimmed hat
- 1 poncho or full rain gear set
- 1 pair of comfortable camp shoes
- 1 pair of hiking boots or supportive shoes
- 1 warm coat or fleece jacket

TOILET ARTICLES (Showers may not be available)
- chap-stick
- sunscreen/lotion (small size)
- deodorant stick
- 1 small towel
- toothbrush & toothpaste (small size)
- insect repellent (pump bottle)
- feminine hygiene products (if necessary)
- any medications for special circumstances (must be checked in at YMCA)

OTHER PERSONAL EQUIPMENT
- sleeping bag (WARM/compact)
- sunglasses
- 1 small flashlight & spare batteries
- 1 day pack

OPTIONAL EQUIPMENT
- camera
- spending money (for souvenirs and road snacks)
- book

GROUP EQUIPMENT (YMCA will provide these items)
- tents
- sleeping pads
- food
- cooking/eating equipment
- first aid kit & basic medications
- other misc. camping equipment & climbing equipment

Do not bring:
- radios, iPods, electronic games, cell phones, jewelry, make-up, or glass items
Participant Name __________________________________________ Birth Date __________ Age ______ M or F

Street Address ____________________________________________________________________________________________
Street City State Zip

Home Phone ___________________________ School _______________________ Grade ______ Height ______ Weight ______

Parent/Guardian Name __________________________________________ Parent/Guardian Name______________________________

Home Address ___________________________________________ Home Address ____________________________
City State Zip City State Zip

Workplace & Ph. # __________________________________________ Workplace & Ph. # ___________________________

Day/Cell Ph._____________ Home Ph. __________ Day/Cell Ph._____________ Home Ph. __________

Email __________________________________________ Email _________________________________________________

Please Indicate any Custody Issues __________________________________________________________________________

**Emergency Contacts (other than Parent/Guardian) and Persons Authorized to Pick Up**

Emergency Contact Name __________________________________________ Emergency Contact Name______________________________

Relationship to Participant __________________________________ Relationship to Participant __________________________

Day/Cell Ph._____________ Home Ph. __________ Day/Cell Ph._____________ Home Ph. __________

Participant’s

Physician __________________________________________ Phone __________________________
Dr. Name/Facility Office Address

Participant’s

Dentist __________________________________________ Phone __________________________
Dr. Name/Facility Office Address

**Insurance Information**: Is Participant covered by family medical/hospital insurance? ______ YES ______ NO

Carrier or Plan Name __________________________________________ Group # __________________________

Carrier Address & Phone # __________________________________________ Relationship to Participant __________________________

Name of Insured __________________________________________

____ P/G Initials I hereby certify that my child is in good health and capable of safe participation, and can participate in YMCA programs and activities.

____ P/G Initials I understand and acknowledge that the activity in which my child is about to participate has inherent risks. I agree that my child’s voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

____ P/G Initials In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

____ P/G Initials I give permission for my child’s picture to be taken and used along with his/her name in the news or for promotional purposes.

____ P/G Initials Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

Signature of Parent/Guardian ____________________________ Date _________________
## HEALTH CONDITIONS:

(Check any that apply to the participant and explain below, include severity.)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleepwalking</td>
<td></td>
</tr>
<tr>
<td>Bed-wetting</td>
<td></td>
</tr>
<tr>
<td>Athlete’s Foot</td>
<td></td>
</tr>
<tr>
<td>Warts</td>
<td></td>
</tr>
<tr>
<td>Eating Disorder</td>
<td></td>
</tr>
<tr>
<td>Diarrhea/Constipation</td>
<td></td>
</tr>
<tr>
<td>Abnormal Menstruation</td>
<td></td>
</tr>
<tr>
<td>Homesickness</td>
<td></td>
</tr>
<tr>
<td>Does NOT Swim (describe)</td>
<td></td>
</tr>
<tr>
<td>Nightmares</td>
<td></td>
</tr>
<tr>
<td>Exercise Induced Difficulties</td>
<td></td>
</tr>
<tr>
<td>Participants Swimming Ability</td>
<td>Poor/Fair/Good</td>
</tr>
</tbody>
</table>

Give details including triggers, signs/symptoms, care procedures and when to call parent and/or 911 for any conditions checked above:

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

## ALLERGIES:

Please list and describe any participant Allergies to medications, food, insects, animals, plants, etc...

- Medications: 
- Foods: 
- Insects, Animals, Plants ...

## RESTRICTIONS or Other things we forgot to ask:

List and describe any restrictions or limitations including: Dietary, Health Conditions (physical, behavioral, emotional, mental), Impairments, Other Illnesses, Major Surgeries, Special Needs and indicate if there are any adaptations that could be made:

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

## MEDICATIONS:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage (tabs &amp; mg)</th>
<th>Circle Time(s) to be Taken</th>
<th>Reason for Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>9am 1pm 4pm 7pm Bed other:</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>9am 1pm 4pm 7pm Bed other:</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>9am 1pm 4pm 7pm Bed other:</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>9am 1pm 4pm 7pm Bed other:</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>9am 1pm 4pm 7pm Bed other:</td>
<td></td>
</tr>
</tbody>
</table>

Will the above participant medication need to be taken during this program? Yes/No/Maybe

*All Medications are required to be in original containers and be clearly labeled.

P/G Initials I hereby give permission to the YMCA Staff to give the participant named on this form the medications (as directed) listed above and on any additional page. I also give permission to the YMCA Staff to give the participant named on this form over-the-counter camp medications (as directed) in the event of minor pain/ailment (i.e. headache, stomach ache, sun protection, insect bites, etc.).

P/G Initials I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child’s participation in this program.

Participant’s Name - Please Print __________________________ Signature of Legal Parent/Guardian __________________________ Date _______________