



## Itinerary and Information

Dear Parent of: \_\_\_\_\_

Your child has been enrolled in the All Sierra Highlanders' Adventure Day Camp for session \_\_\_\_\_ which will be meeting on the days of \_\_\_\_\_ from \_\_\_\_\_.

Please read, complete and sign the enclosed registration packet and bring it with you on the first day of camp if you have not mailed it ahead of time.

On the first day of the A.S.H. Adventure Day Camp, we will meet at 16192 Pioneer Creek Rd, Pioneer (directions enclosed) at 8:45 A.M. The following days we will meet at 9:00 A.M. at the same location unless discussed otherwise. Pick up will be at 4:00 P.M. dependent on the camp.

### ITINERARY

All itineraries will be given to parents at the start of the camp. Parents will be notified in advanced of any changes in the designated location.

### Adventure Day Camp Checklist

#### IMPORTANT!!!!!!

Please have your child bring the following every day:

- |  |   |
|--|---|
| Backpack (small enough to carry - not school backpack) | Sunscreen (30 waterproof)   |
| Sack lunch*  | Pants <b>AND</b> Shorts   |
| Two snacks*  | T-Shirt <b>AND</b> Sweatshirt   |
| Water (at least 32 oz)                                 | Hiking/Tennis Shoes <u>and</u>  |
| Hat and/or Sunglasses                                  | Swimsuit (please wear under clothes) ^ <b>Strapped</b> Sandals/Water Shoes(worn in water) |
| Bug Spray  |   |

\*Please send healthy, sustaining food for your child. They will be exerting themselves and need good nutrition. Also please do not send your child with any soda. Soda dehydrates a body and your child will need to have optimum hydration.

^Children will NOT be allowed to go barefoot in the water due to glass, sharp rocks, and other objects that could cut their feet.

All Sierra Highlanders is NOT responsible for lost or stolen articles so please label all belongings.

If your child does not have an appropriate backpack, ASH does rent and sale hiking/hydration packs. Ask Danae for more information if you are interested.



## Adventure Day Camp Registration

Parent #1 Name: \_\_\_\_\_ Parent #2 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

E-mail: \_\_\_\_\_

---

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Session: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Session: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Session: \_\_\_\_\_

How did you hear about A.S.H. Adventure Camp: \_\_\_\_\_

What is your child's T-shirt size? \_\_\_\_\_

---

### Fees and Refunds:

All adventure camps require a **minimum (non-refundable) deposit of \$50 per child in order to register**. This will ensure your child a place in the session of your choice. The balance is due before or on the first day of camp before 9:00 A.M. There are no refunds unless a camp session is canceled. There are no make-up sessions if your child misses a day.

Fees may be paid by cash or local check. No credit cards accepted.

Make checks payable to: Danae Little or All Sierra Highlanders

You may mail your registration to: All Sierra Highlanders  
Attn: Danae Little  
16192 Pioneer Creek Rd  
Pioneer, CA 95666



## Adventure Day Camp About You

Please have your child answer the following questions so that I may get to know them better.

Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

How old are you? \_\_\_\_\_ When is your birthday? \_\_\_\_\_

Where do you go to school? \_\_\_\_\_

Do you have any favorite sports? \_\_\_\_\_

What are your favorite activities or hobbies? \_\_\_\_\_

\_\_\_\_\_

What kind of music do you like? \_\_\_\_\_

Do you have any brothers or sisters? \_\_\_\_\_

Why did you want to come to this adventure day camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever done any of the following activities? If so, when and where?

Hiking: \_\_\_\_\_

Backpacking: \_\_\_\_\_

Mountain biking: \_\_\_\_\_

Rock Climbing: \_\_\_\_\_

Whitewater Rafting: \_\_\_\_\_



## Adventure Day Camp Medical Consent Form

Since your child is below 18, the legal age of consent, the law requires that we have your permission to provide medical service in case the need arises. By signing this consent form, you agree that we can proceed with medical care for minor injuries. If any major medical emergency arises, we will notify you as soon as possible and follow your directions. In case we are unable to contact you or any of your child's emergency contacts, we will take your child to the nearest medical facility.

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If we are unable to contact the parents, who would you like us to call in an Emergency?

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Medical Information

(must be completed)

Date of birth: \_\_\_\_\_ Last Tetanus Booster: \_\_\_\_\_

List any allergies, if any: (bee stings, drugs, food, etc) Important: counteractive medications need to be with child:

\_\_\_\_\_

List any medications being taken currently: \_\_\_\_\_

List any serious illness or injuries I should know about: \_\_\_\_\_

\_\_\_\_\_

If child is currently under a physicians care, please list conditions and instructions: \_\_\_\_\_

\_\_\_\_\_

List any other condition that might affect your child's ability to participate in any activities: \_\_\_\_\_

\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Authorization to Treat a Minor

I (we) the undersigned parents or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent for any x-ray examination, anesthetic, medical, or surgical diagnosis, rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the states of California. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but it is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain effective through \_\_\_\_\_.

(Date must include all days of camp and may cover entire summer if doing multiple camps.)

\_\_\_\_\_  
Parent or Guardian (Print Name)

\_\_\_\_\_  
Parent or Guardian Signature



## Adventure Day Camp Release of Liability Form

**PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING THE RELEASE OF LIABILITY BELOW!**

I am aware in signing this statement for my child's participation in ALL SIERRA HIGHLANDERS' Adventure Day Camp that there are certain elements that are physically demanding. This program may include activities such as hiking, running, rock crawling, climbing, creek stomping and other laborious water and land activities. There is always a possibility of my child being injured while participating in these kind of activities either because of their own conduct, the conduct of other children in the Adventure Camp, an ALL SIERRA HIGHLANDERS Adventure Leader, or the condition of the premises.

I fully understand that outdoor activities have inherent risks, dangers and hazards that exists in participation in these types of activities that may result in injury or illness including, but not limited to, bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability, other hazards and risks may include, but are not limited to, poisonous or dangerous plants, insects, or animals, exposure to natural elements (wind/rain), sunburn, dehydration, heat exhaustion, heat stroke, heat cramps, slipping, falling, using portable toilet facilities, eating meals out side, being outside for an extended amount of time which may cause distress or injury, extremely cold conditions may lead to frostbite or death from hyperthermia, risks may arise from unforeseeable causes including, but not limited to, leader decision making, including a leader may make a wrong judgment of the terrain, weather, trails or water route locations, there are risks of drowning while around water areas, and other hazards that are basic to recreation activities that take place in out doors, in a recreational environment or in a wilderness.

Therefore, I voluntarily allow my child to participate and I am confirming that my child has no health conditions that might create undo risk to my child or others that depend on them. My child is not under a physician's care for any undisclosed condition that would inhibit their capability to participate.

In consideration of the services that All Sierra Highlanders and their owners and the State of California, I agree to indemnify and hold harmless ALL SIERRA HIGHLANDERS and their owners from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in ALL SIERRA HIGHLANDERS Adventure Day Camp program. I further agree to release, acquit, and covenant not to sue All Sierra Highlanders or its owners for all actions, causes of action claims or damages including but not limited to, claims of negligence by All Sierra Highlanders or its owners or third party damages in law or remedies in equity of whatever kind.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be California and governed by California law. As liquidation damages, I hereby agree that if ALL SIERRA HIGHLANDERS is forced to defend any action, lawsuit, or litigation by myself, my executors, my heirs or on my families behalf, my heirs or executors and I agree to pay ALL SIERRA HIGHLANDERS costs and attorney fees if they successfully defend such action, lawsuit, or litigation. In signing this document for my minor child, I agree to pay all costs and attorney fees incurred by ALL SIERRA HIGHLANDERS in the event that ALL SIERRA HIGHLANDERS is forced to defend any action, lawsuit, or litigation brought by my minor child.

The term of this agreement shall continue and be in effect after the camp is over. Should any piece of this agreement be declared unenforceable by a court of competent jurisdiction the remaining paragraphs or parts shall remain in full force or effect.

I authorize and release to All Sierra Highlanders the use for any purpose of photographs or video recorded image of the participant listed below.

I have adequate health, disability, and life insurance for myself and my family.

I hereby give permission for transportation to any medical facility or hospital, and I authorize for any qualified leader or medical personnel to render necessary emergency medical care for the participant listed below.

I, \_\_\_\_\_, of my own free will, for my family, my minor child, my heirs and executors and myself, have read, understand, and acknowledge the risks and liability for myself, my family, my minor child from \_\_\_\_\_ day(s) of \_\_\_\_\_ (month) 20\_\_\_\_ through \_\_\_\_\_ day(s) of \_\_\_\_\_ (month) 20\_\_\_\_.  
(dates above must be dates of the day camp or may cover entire summer if doing multiple camps)

\_\_\_\_\_  
Participant (print name)

\_\_\_\_\_  
Guardian (print name)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date