

# WRI Camper Medical Form & Waiver

All WRI camp participants are required to provide medical form, waiver, and proof of their own medical insurance prior to their participation in WRI camps.



Camp Attending \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardians \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT (Different from above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

## MEDICAL INFORMATION AND CAMPER NEEDS

Medical Conditions Y/N Explain: \_\_\_\_\_

Allergies Y/N Explain: \_\_\_\_\_

Food Sensitivities Y/N Explain: \_\_\_\_\_

Medications Y/N Explain: \_\_\_\_\_

Special Needs: Y/N Explain: \_\_\_\_\_

## AGREEMENTS

\_\_\_\_\_ I give permission for my child's photograph to be taken and appear in promotional material (website, Facebook, video, etc.) regarding future camps.

\_\_\_\_\_ If my child does not bring his/her own sunscreen, I give permission to apply sunscreen provided by WRI.

Is there anyone who is NOT authorized to pick up your child after camp? If so, please specify:

\_\_\_\_\_

**MEDICAL/ INSURANCE**

Family Physician \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Name of Insured \_\_\_\_\_

Policy/Group # \_\_\_\_\_

**RELEASE OF LIABILITY & CONSENT TO TREAT**

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_ (camper) a minor, ask that he/she be admitted to participate in WRI camps located at Barn Beach Reserve in Leavenworth, WA. I do hereby agree to release, discharge and hold harmless Wenatchee River Institute, its employees, and/or volunteers, from any and all liabilities, claims, costs, expenses, injuries and/or losses that I or my minor child may sustain as a result of my minor's attendance at WRI camp or in the course of competition of activities held in connection with camp program. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information above to any medical provider treating my child.

Parent/Guardian names (print) \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Camper Code of Conduct (Please review with your camper):**

Wenatchee River Institute is committed to providing a welcoming, safe and fun environment for all campers. Proper supervision and appropriate behavior are key components to a successful camp experience. In an effort to provide all campers with a safe and fun atmosphere, it is important that all campers exhibit respect for themselves, fellow campers, staff and the camp environment at all times. Every camp session, camp staff and campers review and discuss procedures, structure and behavior expectations. Campers are asked to be respectful of other campers, staff and materials. Inappropriate, disruptive and/or violent behavior will not be tolerated. Examples of inappropriate behavior include, but are not limited to: fighting, name-calling, foul language, arguing, bullying, leaving the group or possessing weapons. Minor behavioral problems will be addressed by camp staff. If behavior issues persist, parents or guardians will be contacted to work towards a resolution. If a camper's behavior continues to disrupt the camp or endangers the physical or emotional safety of themselves or others, Wenatchee River Institute reserves the right to cancel that individual's camp enrollment for a day or more with no refund.

**Please send completed form to:**

Wenatchee River Institute  
Youth Camps  
PO Box 2073  
Leavenworth, WA 98826

**Camper Initials:** \_\_\_\_\_

**Or email forms (1 week ahead of program) to:**

[programs@wenatcheeriverinstitute.org](mailto:programs@wenatcheeriverinstitute.org)