

Wolf Camp and the Conservation College featuring Classes, Workshops, Camps, Fun-Runs, Expeditions & Apprenticeships for the Neighborhood Naturalist, Traditional Herbalist, Wildlife Tracker, Survival Scout, Ancient Artisan, Honorable Hunter, Sustainable Citizen & Environmental Ed Home Office at Blue Skye Farm: 1026 14th Street SW, Puyallup WA 98371 www.WolfCollege.com 425-248-0253

Wolf Camp 和 Conservation College 设有特色课程、工作坊、夏令营、趣味跑步、探险和学徒班。

主题包含：当地自然博物家，传统草药学家，野生动物追踪，野外童子军，古代工匠，荣耀猎人，可持续公民和环境教育
家庭办公室位于蓝天农场：华盛顿州皮阿拉普市第十四号西南街 1026 号，邮编 98371 www.WolfCollege.com 425-248-0253

*To ensure a safe and fulfilling time together, **complete and send a separate registration form for each participant** or to save time, just edit, save and email as a Word Doc(s) or editable PDF. We'll email back prep info with your balance, what to pack, directions and more. Also, please note that **if you completed a version of this registration form in the past, there's no need to complete a new one.***

为了确保安全而有时效性的报名，请为每位参加人员填写并寄送一个单独的注册表。或者为了节省时间，您只需要编辑，保存 Word 文件或可编辑的 PDF 文件发邮件给我们。我们会通过邮件给您回复，告知您需要做哪些准备工作、以及您的付款余额、装备清单、路线等更多信息。另外，请注意，如果您在过去填写过此版本的注册表，则不需要重新填写该表。

Please note this form must be completed in English. Thank you for your cooperation.

请注意该表须用英文填写，感谢您的配合。

Participant Legal First-Middle-Last Name 参与者法定姓名 _____ Nickname 昵称 _____

Age 年龄 _____ 生日 Birth Year 年 _____ Month 月 _____ Date 日 _____ 性别 Female/Male/Other 男/女/其他 _____

Participant Cell Phone if any 参与者手机 (如果有) (_____) _____

Email Address if any 邮件 (如果有) _____

单独的家庭电话 (如果有) Separate Home Phone if any (_____) _____

Facebook/Linkedin URLs? Facebook 或 LinkedIn 链接地址 _____

Primary Address 第一家庭住址 _____ City 城市 _____ Zip/Postal Code 邮编 _____

If minor, name Primary Caretaker with whom we communicate 若未成年，请写出第一监护人的姓名：

Email 邮件 _____ Facebook/Linkedin URLs if wanting connection 如果希望通过 Facebook 或 LinkedIn 建立联系，请注明链接地址 _____

Cell Phone 手机 (_____) _____ Home Phone 家庭电话 (_____) _____ Work Phone 工作电话 (_____) _____

Other Caretakers at same address (indicate if step parent...) 同一住址的其他监护人 (请注明如果是继父母)

Cell Phone 手机 (_____) _____ Email if wanting seasonal news 邮件 (如需接收定期邮件简讯)

2nd Home Address 第二家庭住址 _____

Primary Caretaker at 2nd Address (please indicate if parent...) 在第二家庭住址的主要监护人 (请注明是否为父母...)

Other Caretakers at 2nd Address (indicate if step parent, etc.) 在第二家庭住址的其他监护人 (请注明是否为继父母等)

Cell Phone 手机 (_____) _____ Home Phone 家庭电话 (_____) _____ Work Phone 工作电话 (_____) _____

Emails 邮件 _____

Other Emergency Contact Name 其他紧急联络人姓名 _____

Location 地址 _____

Cell Phone 手机 (_____) _____ Home Phone 家庭电话 (_____) _____ Work Phone 工作电话 (_____) _____

Please indicate which programs and dates you (or your child) would like to attend:

请注明您 (或您的孩子) 希望参加哪些项目和日期:

Location & Times of arrival and departure: 到达和出发的地点和时间

Who may pick up your child: We only allow campers age 17 and under to check out with the person(s) you list here. Please list parents, guardians, family or friends whom you give permission to pick up your child:

谁可以接走你的孩子: 我们只允许您在这里列出的人接走 17 岁及以下的露营参与者。

请列出您允许接走您孩子的人: 父母, 监护人、家人或朋友:

Parent/Guardian Location: If your location during camp differs from the address above, where will you be?

家长/监护人的住址: 如果在夏令营期间您的住址不同于上面的地址, 您会在哪里?

Health History 健康信息

It is very important that you complete all of this fully. Attach instructions for recurring or likely problems.

For everything that is not applicable, don't leave it blank; please write "none" on the line. Thanks!

填写完整的健康信息至关重要。附件为重复发生或有可能出现的问题的指导建议。

对于任何不适用的问题, 请不要留下空白, 请填写“没有”。谢谢!

Participant Name 参与者姓名 _____ Describe Relevant Current/Past Medical,

First Aid or CPR Training Experience (Participant or Parent) 请描述相关的现在/过去的医疗, 急救或 CPR 培训经验 (参与者或家长) _____

Health Insurance Company 健康保险公司 _____ Health Ins. # or SSN: 健康保险卡号或 SSN _____

Deductible: (and other restrictions in case of hospital visit) 可扣除金额: (以及在医院就诊时的其他限制) _____

Your Doctor/Healer/Clinic Name & Location 您的医生/治疗者/诊所名称和地址 _____

Phone 手机 _____

△ Allergies/Asthma that may cause respiratory/skin changes (allergen, reactions & care for each): 任何可能引起呼吸或皮肤变化的过敏或哮喘 (请注明过敏原、反应和护理方法) _____

△ Past Back/Spine/Head Injuries: 过去发生的背部/脊柱/头部损伤 _____

Care Instructions 护理说明: _____

△ Past Sprains, Fractures, Dislocations: 过去发生的扭伤、骨折或脱臼 _____

Care Instructions 护理说明: _____

Δ Past Heat/Cold Injuries & Susceptibility To Sunburn: 过去发生的热/冷损伤和晒伤的易感性

Care Instructions 护理说明: _____

Δ Past Fainting/Seizures/Convulsions: 过去发生的晕厥/抽搐/癫痫

Care Instructions 护理说明: _____

Δ Abdominal/Intestinal/Menstrual History & Concerns: 腹部/肠胃/月经史及问题

Care Instructions 护理说明: _____

Δ Diet Requirements & History: (required for overnight programs) 饮食需求和历史 : (露营者必填)

Δ **Current Medications:** (name, condition, drug, how participant or Wolf Camp staff should administer)

当前服用的药物 : (名称、条件、药物 ; 参加者或 Wolf Camp 工作人员应如何管理药物)

Δ Think: Other Past Medical Conditions/Limitations (diabetes, hypoglycemia, cardiac, kidney/urinary, mono, dizziness, headaches, chronic fatigue, hepatitis, HIV, coughing, communicable diseases or other illness):

想一想 : 其他过去发生的医疗情况/限制 (糖尿病 , 低血糖 , 心脏病 , 肾/尿疾病 , 腺热 , 头晕 , 头痛 , 慢性疲劳 , 肝炎 , HIV , 咳嗽 , 传染病或其他疾病) :

Care Instructions 护理说明: _____

Δ Swimming Comfort & Ability: 游泳舒适度与能力

Δ Eye/Ear Aids/Lenses (consider bringing a spare set): 眼/耳助听器/镜片 (请考虑多带一套备用)

Δ **Date of Last Tetanus Shot, then other shots:** 最后一次注射破伤风的日期 , 以及其他注射

Δ **Date of last medical check-up and its result:** 最后一次体检日期及其结果 :

Δ Mental or Emotional Health Concerns: 心理或情绪健康关注 :

*On an additional page, please continue to note any special needs or concerns, emotions and other conditions we would need or want to know. Please be forthcoming so that we can provide the safest and most successful experience for you and others. **If participant does not have a current physical due to a health status change (growth spurt, weight change, significant illness, drugs, accident, etc.) concluding it's safe to participate in the types of physical exertion common to outdoor adventure, please get a new physical to find out whether your physician agrees that Wolf Camp and Conservation College activities are safe to attend, and attach most recent report. Thanks!***

在另一附加页上，请继续标注我们需要或应当知晓的任何特殊需求或关心、情绪及其他状况。请您积极配合提供信息，这样有助于我们为您及他人提供最安全、最成功的体验。如果参与者健康状况发生改变（生长突增、体重变化、重大疾病、药物、意外事故等），但没有当前的体检报告证明参与户外探险活动是安全的，请从您的医生那里拿到一个新的体检报告，确保您的医生同意您参加 Wolf Camp 和 Conservation College 的活动对您安全的，并附上最新的报告。谢谢！

Hold Harmless Participation Agreement, Assumption of Risk and Waiver of Liability 持有无害参与协议，承担风险和免责声明

Please read carefully and sign on the next page. Much is included here, including examples of risk, our refund policy, permission to use photos, and more:

请仔细阅读并在下一页签名。这里包含了很多内容，包括风险示例，我们的退款政策，照片的使用许可等等：

Christopher & Kimberly M Chisholm, dba Wolf Camp and the Conservation College, Blue Skye Farm and the Wolf College, all hereinafter known as Wolf Camp, has sponsored many programs over the years, and the risks listed or implied herein rarely occur, but Wolf Camp cannot guarantee these problems won't occur. So in consideration of services of Wolf Camp, its owners, officers, agents, employees, volunteers and all other persons or entities associated with this business, including third parties such as collaborators, financial contributors, and host sites / land owners and renters upon whose property this business conducts programs like WA State DNR & Parks, City Parks, private farms and campgrounds, etc. and their officers, elected officials, agents and employees (hereafter known as Third Parties), I agree as follows:

Christopher 和 Kimberly M Chisholm, dba Wolf Camp 和 Conservation College, Blue Skye Farm 和 Wolf College, 以下统称为 Wolf Camp, 多年来一直赞助许多项目, 这里所列出的或是暗示的风险很少发生, 但是 Wolf Camp 不能保证这些问题不会发生。因此, 考虑到 Wolf Camp 的服务, 其所有者, 管理人员, 代理人, 员工, 志愿者以及与此业务相关的所有其他人员或实体, 包括第三方, 如合作方, 财务捐赠者以及营地/土地所有者和租户, 在该地产上开展业务, 像 WA State DNR & Parks, 城市公园, 私人农场和露营地等项目及其官员, 选任官员, 代理人 and 雇员 (以下称为第三方), 我同意如下条款:

Although Wolf Camp will take reasonable steps to provide me (or my child) with appropriate support and security, certain risks cannot be eliminated without compromising the educational character of Wolf Camp programs. The same elements that contribute to this educational character can be causes of loss or damage to equipment, accidental injury or illness, or in extreme cases, permanent trauma, illness or death. I understand since its legal founding in January 1997, Wolf Camp participants have experienced cuts, bruises, minor burns, one concussion, a severely rope-burned wrist, a broken bone in a hand, an arm that was re-broken from previous unrelated injury, one sprained ankle, one appendicitis, probably some strains and infections, certainly exhaustion, and once in a while some tears, despite the best efforts by staff to attend to the physical, emotional, mental, and social needs of participants. In group teaching situations, it is impossible to prevent discomfort and even trauma in every circumstance, even though it is a top priority. I trust that Wolf Camp staff wants me (or my child) to become a healthier person, but in order to facilitate the kind of education Wolf Camp intends, I agree to waive all claims of liability on the part of Wolf Camp and its Third Parties.

虽然 Wolf Camp 将采取合理的措施, 为我 (或我的孩子) 提供适当的支持和安全保护, 但是在不损害 Wolf Camp 所有项目的教育性质的情况下, 某些风险无法消除。 影响教育性质的因素可能同时会导致设备损坏、意外伤害或疾病, 或极端情况下永久性创伤、疾病或死亡。据我所知, 自从 Wolf Camp 在 1997 年 1 月合法成立以来, 尽管工作人员尽最大努力去关注参与者的生理, 情绪, 心理和社会需求, Wolf Camp 的参与者经历过割伤、擦伤、轻微烧伤、一次脑震荡、严重的腕部烧伤、一次手腕骨折、一只手臂因先前不相关的损伤中重新断裂, 一名踝关节扭伤, 一名阑尾炎, 可能还有一些拉伤和感染, 精疲力竭, 偶尔会有一些眼泪。在小组教学的情况下, 尽管这些是最优先考虑的事情, 也不可能在任何情况下防止不适甚至是创伤。我相信 Wolf Camp 的工作人员希望我 (或我的孩子) 成为一个更健康的人, 但是为了促进 Wolf Camp 的教育, 我同意免除 Wolf Camp 及其第三方的所有赔偿责任。

The lands and facilities that Wolf Camp utilize may be natural areas next to wilderness, and services can be few. Participants living in tents and in the open may be exposed to weather, venomous and wild animals, human intruders and all other hazards common to living. As anywhere, the services provided, including sanitary facilities, drinking water, kitchen and food services at Wolf Camp programs are susceptible to contamination. Those who participate in Wolf Camp programs and assist in camp maintenance, food preparation and clean-up do so in good faith but assume no responsibility for accidental or incidental illness or injury that may result. Fires, knapping pit, weapons/archery range, farm animal areas, sharp tools, hazardous plants, boats, water, vehicles and other hazards expose participants to risk. There are times when participants are able to range freely within designated boundaries, go alone to their study site, pet animals, play in wooded areas which have limited visual perspective, and participate in supervised swimming and boating.

Wolf Camp 所使用的土地和设施可能是荒野旁的自然区域，服务极其有限。生活在帐篷和公开场合的参与者可能会受到天气，有毒野生动物，人类入侵者和所有其他生活常见危害的影响。同其他任何地方一样，Wolf Camp 所提供的服务，包括卫生设施，饮用水，厨房和食品服务都易受到污染。那些参加 Wolf Camp 并协助营地维护，准备食物和做清理工作的人尽善意地提供服务，但对可能导致的意外或偶发的疾病或伤害不承担任何责任。火灾，地坑，武器/射箭场，农场动物区，锋利的工具，危险的植物，船只，水，车辆和其他危险因素都会使参与者面临风险。有些时候，参与者可以在指定范围内自由活动，独自前往他们的学习场所，抚摸宠物，在视线角度有限的林区玩耍，参加有监督的游泳和划船活动。

Wolf Camp owners and staff, paid and volunteer, offer their services to make programs wonderful. However, I agree they are not responsible for accidents, injuries, illnesses or losses that may come as a result of my (child's) participation. I understand that the description of risks is not complete and that other unknown or unanticipated risks may result in loss, injury or death. I agree to assume responsibility for all risks, even those not identified herein. My (child's) participation in Wolf Camp activities is purely voluntary. By signing below, I elect to participate in spite of the risks, listed or implied or not, and I waive all legal claims against Wolf Camp and its Third Parties. I assume full responsibility for all costs resulting from all losses and expenses thereof, whether resulting from evacuation, transport, treatment, future effect or otherwise. I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this participation agreement, assumption of risk, and waiver of liability shall be effective and binding upon myself, all family members, heirs, assigns, personal representatives, estates, interested friends and partners.

Wolf Camp 的所有者和员工，有偿的和无偿志愿者，为了让活动丰富精彩而提供他们的服务。但是，我同意他们对由于我（孩子）参与而导致事故，伤害，疾病或损失不承担任何责任。我了解风险描述并不完整，其他未知或未曾预料到的风险可能导致损失，伤害或死亡。我同意承担所有风险的责任，包括那些没有在此明确的风险。我（孩子）参加 Wolf Camp 的活动纯属自愿。通过以下签名，我决定参加活动，尽管存在已经列出的或是隐含的或是没有提到的风险，并且我放弃对 Wolf Camp 及其第三方的所有法律索赔。我承担无论是因疏散，运输，治疗，以及对未来产生的影响还是其他原因造成的所有损失的责任和全部费用。我已阅读，理解并接受此处所述的条款和条件，并承认此参与协议、风险承担责任以及免责声明对我自己，及所有家庭成员，继承人，受让人，个人代表，遗产，拥有权益的朋友和伙伴生效。

Health Insurance & Medical Treatment: I certify that the applicant named on this form is capable of participating in this activity, and that he/she has current, full medical coverage at all times while attending Wolf Camp activities with a deductible not to exceed \$2,000 per incident and per year. I understand Wolf Camp can direct me to affordable temporary health insurance upon request. I give full consent (for my child) to receive medical treatment deemed necessary by those responsible, whether or not reasonable attempt made to inform next of kin is successful. I will assume full financial responsibility for any cost relating to any accident or injury that may occur while participating in Wolf Camp programs. I hold all people associated with Wolf Camp harmless for any loss, accident, injury or death that might occur, and I hereby agree to release and indemnify Wolf Camp and its Third Parties whatsoever, from any claims and/or damages arising out of my (child's) participation. Qualified instructors, guides, and other facilitators associated with Wolf Camp may provide First Aid and CPR response to participants in case of injury or other health problems, including calling for professional medical assistance. I also understand that emergency medical response may not be readily available due to travel outside of 911 call areas. I agree to indicate on an attached paper any health care requests that may conflict with the training of Wolf Camp staff, and I understand that although efforts will be made to accommodate my attached requests, that persons responsible may nonetheless make "Good Samaritan" decisions that they deem best in health care situations.

健康保险和医疗：我证明在这张表格上的申请人有能力参加这项活动，并且他/她在参加 Wolf Camp 活动时，在任何情况下都有最新的、完整的医疗保险，每年每项事故可扣除的费用不超过 2000 美元。我了解如果我需要，Wolf Camp 可指导我承担负担得起的临时健康保险。我完全同意（我的孩子）接受那些认为是必要的医疗处理，无论合理告知其最近亲属的尝试是否成功。我将承担与参加 Wolf Camp 时可能发生的任何事故或伤害有关的任何费用的全部经济责任，我同意所有与

Wolf Camp 相关的人对任何可能发生的损失、事故、伤害或死亡无关，并且我特此同意因我（孩子）的参加而产生的任何索赔和/或损害，不会向 Wolf Camp 及其第三方索赔。与 Wolf Camp 相关的合格教练、指导员和其他促进者可能会为受伤或有其他健康问题的参与者提供急救和 CPR 反应，包括要求专业的医疗援助。我同时了解，因为在 911 呼叫区域以外活动，紧急医疗响应可能不容易获得。我同意在附件上注明任何可能与 Wolf Camp 工作人员的培训相冲突的医疗保健请求，我理解尽管我的附加要求会被尽量满足，但是负责人可能会做出他们认为在医疗保健情况下最佳的“好心的撒玛利亚人”的决定。

Behavior & Lost Items: I will not hold Wolf Camp, Third Parties, nor any program participant responsible for articles or any personal belongings lost or damaged by any means (fire, theft, activities, laundry, etc.). I know that participants may be asked to leave at any time for inappropriate behavior, and no refund nor credit will be given for the portion of the program which is missed. I will be sure to read the behavioral agreements after registering, or view them meanwhile online. I also understand that people gathering as strangers in a common space bring with them their own politics, spirituality, and social behaviors, creating group dynamics that may be completely new. Wolf Camp encourages participants to be exposed to a variety of age-appropriate backgrounds, value systems and acceptable behaviors. I agree that I (and my child) will be respectful, tolerant and temperate in behaviors while participating in Wolf Camp activities. I also understand that unpredictability of human nature can't guarantee a lack of incidents on the part of other participants.

行为与物品遗失：无论何种原因（火灾，盗窃，活动，洗衣等）引起的任何物品或个人物品丢失或损坏，我不会追究 Wolf Camp，及其第三方或任何项目参与者的责任。我了解由于参与者不适当的行为，参与者可能会被要求随时离开，对于未完成的部分不会退款也不会有积分。我将确保在注册后仔细阅读行为协议，或同时在线查看。我同时了解，作为陌生人聚集在一个共同空间，会有各自的政治观点，精神信仰和社会行为，创造出可能是全新的团体互动。Wolf Camp 鼓励参与者接触各种适合年龄的背景，价值体系和可接受的行为。我同意我（和我的孩子）在参加 Wolf Camp 活动时对他人会表现出尊重，宽容和温和的态度。我同时也了解，人性的不可预测性并不能保证其他参与者不会发生冲突。

Refund & Suspension Policy: Standard deposits (\$75 for day programs, \$175 for overnight programs) are not refundable unless we don't accept your application. If you cancel for any reason, you may receive a full credit good through the following calendar year on appropriate and available programs listed on our schedule, although an additional deposit may be required to secure your spot in the future program. If a program you sign up for is canceled and not rescheduled at a time you can attend, you may receive a full refund except in case of natural (weather, geologic, etc) disasters, government shutdowns, conflicts or curfews, or other unforeseen emergencies making it impossible for staff and/or attendees to reach or use program locations, in which case all payments made will be held by us without expiration date for your future use in appropriate/available programs of your choice. No refund, nor credit, is given if a participant is asked to leave a program for inappropriateness as determined by our [kids, youth and adult agreements for participation](#).

退款和暂停政策：除非我们不接受您的申请，否则标准押金（日间项目 75 美元，过夜项目 175 美元）不会退还。如果您因任何原因取消预订，您可能在下一年度收到我们日程安排中列出的适当的并可用项目的完整信用额度，但可能需要额外的押金用以确保您在将来项目中的名额。如果您注册的项目被取消并且没有在您可以参加的时间内重新安排，您可能会收到全额退款，除非发生自然灾害（天气，地质等），政府关闭，冲突或宵禁或其他不可预见的紧急情况使工作人员和/或参与者无法访问或使用活动的场所，在这种情况下，所有付款将由我们保留，但没有到期日期，以供您将来在适当/可用的项目中使用。如果参与者被要求离开是由于违反了我们的儿童，青少年和成人参与协议，则不予退款，并且没有信用积分。

Photos, Video & Recordings: I give permission for pictures, audio and video recordings (of my child) to be taken and for the sounds and images to be used for Wolf Camp advertisements, websites, social networking sites, and other program promotions or outreach, unless otherwise indicated. In consideration of all statements made on all pages of this release, and not relying on any other information stated or published by Wolf Camp or any other entity that may or may not contradict statements on these pages, I wish to (have my child) participate in the Wolf Camp activities indicated on this form or implied through program payments.

照片、视频和录像：除非另有说明，我允许拍摄（我的孩子的）图片、音频和视频录像以及用于 Wolf Camp 广告，网站，社交网站和其他项目宣传或推广。考虑到本新闻稿所有页面上发表的所有声明，并不依赖 Wolf Camp 或任何其他实体声明或发表的任何可能会或不会与本页面上的声明相抵触的其他信息，我希望（让我的孩子）参与在此表格上标明的或通过 Wolf Camp 项目支付包含的活动。

Signature* of Applicant if of age to understand both pages 申请人签名* (如果申请人的年龄理解这两个页面内容)

Date 日期

Signature* of Parent/Guardian for dependents 未成年人的父母/监护人签名

Date 日期

** If "signing" electronically, please paste your signature, or type your **legal first, full middle and last name.***

*如果以电子方式“签名”，请粘贴您的签名，或输入您的法定姓名，包括您的名字，全部的中间名和您的姓氏。

Program Payments: Please send deposits in the following amounts. Balances are due on or before arrival.

Thanks! 项目付款：请根据以下金额支付押金。余额将在抵达前或抵达时付清。谢谢！

Number of Day Camp Weeks: _____ @ a minimum \$100 deposit each = 日间夏令营的周数：_____ @最少每周 100 美金押金	\$
Number of Overnight Youth Camps: _____ @ a minimum \$200 deposit each = 过夜青少年营的数量：_____ @最少每次 200 美金押金	\$
Number of Expeditions for Adults: _____ @ a min \$200 deposit each = 成人探险营的数量：_____ @最少每次 200 美金押金	\$
Number of Internships/Apprenticeships: _____ @ a minimum \$200 deposit each = 实习/学徒班的数量：_____ @最少每次 200 美金押金	\$
Number of One Day or Weekend Workshops: _____ @ min \$25 deposit per person = 一日工作坊或周末工作坊的数量：_____ @最少每次 25 美金押金	\$
Fri-Sat Night Stayovers before/after camps/expeditions: _____ @ min \$100 deposit each = 星期五-星期六晚上在营地探险之前/之后的露营：_____ @最少每次 100 美金押金	\$
Van Pickups/Dropoffs before/after camps/expeditions: _____ @ a min \$25 deposit each = 在营地探险之前和之后的面包车接送费用：_____ @最少每次 25 美金押金	\$
<i>Choose Your Method of Payment: Direct Deposit - Credit Card - PayPal - Check #</i> 请选择您的付款方式：直接存款 - 信用卡 - PayPal - 支票 # _____	<i>Total: \$</i> 总金额：

To pay by Visa/MC/Discover/AmEx: Provide any info that's not on the first page: 通过 Visa / MC / Discover / AmEx 付款：请提供不在第一页上的其它信息： Name on Card 卡上的姓名： Full Billing Address 完整的帐单邮寄地址： Zip/Postal Code 邮编： Card Number 卡号: _____ Expires 有效期: _____	\$
--	----

Referral Information: Please write here the agency or person who referred you to us in case they are eligible for a referral credit. You will also receive a \$5 credit for every *successful* referral you make: (per family referred)

推荐信息：请在此处填写将您推荐给我们的代理机构或人员，以便他们有资格获得推荐信用优惠。您每一次成功的推荐，也将获得 5 美元的优惠：（按照每个家庭作为一个推荐）

Where you heard about Wolf Camp 您是在哪里听说 Wolf Camp 的:

Contact info for persons or parties that may be newly interested (may result in a referral discount for you):

请填写其他有可能感兴趣的人或机构的联系信息（可能会给您带来推荐折扣）：_____

New Participant Questionnaire

FULL-SENTENCE ANSWERS TO ALL QUESTIONS ARE REQUIRED

新参与者问卷

请完整回答所有问题

*If registering children, please complete this section together with them, and in fact, have them write the answers if capable, because it will help them and their camp instructors gain the best understanding for one another. Thanks!***

如果您为儿童注册，请与他们一起完成这一部分。事实上，他们如果有能力请让他们填写，

因为这将帮助他们和他们的营地教练获得最好的相互理解。谢谢！**

Participant Name 参与者姓名 _____

Parent/Guardian if under 18: 父母/监护人姓名（如果参与者小于 18 岁） _____

Why did you choose Wolf Camp and the Conservation College (for your child) and what are your goals for attending (having fun, meeting like-minded people, skills you would most like to learn, etc.)?

您为什么（为您的孩子）选择 Wolf Camp 和 Conservation College，您参加的目标是什么（玩得开心，认识志同道合的人，您最想学习的技能等）？

Please describe what your (child's) most positive learning experience has been, what made it positive, and what you think should happen for more students to enjoy learning?

请描述一下您（孩子的）最积极的学习经历是什么，是什么使得它变得积极，您认为应该如何让更多的学生享受学习？

What might be your greatest contribution to camp (such as helpfulness, inspiring others, skills, etc)?

您可能对夏令营做出的最大贡献是什么（比如帮助他人、激励他人、技能等）？

What problems or conflicts sometimes come up with 1) your peers, 2) your teachers, or 3) your family, that may surface (things that may affect your mood, your energy level, etc.)?

您有时候可能会和谁发生什么问题或矛盾吗？

1) 您的同龄伙伴 2) 您的老师，或 3) 您的家庭，导致发生的原因（影响情绪的事件，能量水平等）？

Sometimes, participants and parents omit important history that turns up during programs, information that known in advance, would have prevented problems from arising. It is important to fully disclose the nature of your (child's) personality, and to keep our instructors updated with health and welfare changes before all programs start. We want to provide each adult and child in our programs with the best teaching and nurturing possible. First, please describe any relevant disciplinary actions experienced due to past behavior:

有时候，参与者和家长忽略了一些重要历史记录，但是在夏令营期间会出现。所以事先获得的信息会防止这样问题的产生。在所有项目开始之前，请充分披露您的（孩子的）性格和天性，并保持与我们的教练更新健康和保险信息非常重要。我们希望为每位成人和孩子尽可能提供最好的教学和保育。首先，请描述基于过去的行为而经历的任何相关的纪律处分：

Note here instructions for dealing with any unique physical, emotional, and social health concerns. List issues of fear, homesickness, foster history, counseling issues, hyperactivity, sensitivities... anything you can think of. Also write any expectations, questions, or indications that will help us prepare to give you or your child a great program. It might also be important to let us know about any loss such as a departure of family or friend:

请在此写明需要处理和关注的任何特殊的生理、心理和社会健康问题。请列出恐惧，思乡病，寄养历史，咨询问题，多动症，敏感性.....任何能想到的问题。同时请写下任何期望、问题或迹象，以帮助我们准备带给您或您的孩子一个丰富而美好的体验。同样，如有任何损失让我们知道也很重要，例如家人或朋友的离开：

We're serious about our [Agreements for Participation](#) (found via our website contact-register page and on all program pages) so please only apply after you know you can keep those agreements at all times to ensure safe, exciting and unique learning experiences. Signing below indicates you guarantee that you (or your child) will abide by the Agreements:

我们认真对待我们的参与协议（您可以在我们网站上的联系-登记页面上和所有项目的页面上找到参与协议），所以请只有当您知道您可以随时遵守这些协议后再提交申请注册，以确保安全，令人兴奋并独特的学习体验。以下签名表明您保证您（或您的孩子）将遵守协议：

Signature* of Applicant required for all ages 申请者的签名（所有年龄必须填写）

_____ **Date** 日期 _____

Signature* of Parent/Guardian required for dependents 未成年人的父母/监护人的签名

_____ **Date** 日期 _____

** If "signing" electronically, please paste your signature, or type your **legal first, full middle and last name**.*

*如果以电子方式“签名”，请粘贴您的签名，或输入您的法定姓名，包括您的名字，全部的中间名和您的姓氏。

***If you have further expectations for your (child's) experience, based on the literature you have seen and conversations you had with our staff, or if you would like to expand on any question above, please continue on another page. Thanks!*

*基于您所看到的文化以及您与我们的工作人员之间的对话，如果您对您（孩子）的经历有进一步的期待，或者如果您想扩展上面的任何问题，请继续写在另一页上。谢谢！

SAFE ID Required: Please text or ATTACH A CURRENT PHOTO NOW and describe:

安全 ID 要求：请输入文字或附加当前照片并加以描述：

Height 身高: _____ Eye Color 眼睛颜色: _____ Date Photo Taken 照片拍摄日期: _____

Weight 体重: _____ Hair Color 头发颜色: _____ Shoe Size 鞋码: _____

Birth Mark Locations, Glasses, Braces 出生胎记、眼镜、牙齿矫形器? _____