

**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](http://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.***

**Participant Legal First-Middle-Last Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birth Year** \_\_\_\_\_ **Month** \_\_\_\_\_ **Date** \_\_\_\_\_ **Female/Male/Other** \_\_\_\_\_

**Participant Cell Phone if any (\_\_\_\_)** \_\_\_\_\_ **Email Address if any** \_\_\_\_\_

**Separate Home Phone if any (\_\_\_\_)** \_\_\_\_\_ **Facebook/Linkedin URLs?** \_\_\_\_\_

**Primary Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**If minor, name Primary Caretaker** with whom we communicate \_\_\_\_\_

**Email** \_\_\_\_\_ **Facebook/Linkedin URLs if wanting connection** \_\_\_\_\_

**Cell Phone (\_\_\_\_)** \_\_\_\_\_ **Home Phone (\_\_\_\_)** \_\_\_\_\_ **Work Phone (\_\_\_\_)** \_\_\_\_\_

**Other Caretakers at same address (indicate if step parent...)** \_\_\_\_\_

**Cell Phone (\_\_\_\_)** \_\_\_\_\_ **Email if wanting seasonal news** \_\_\_\_\_

**2nd Home Address** \_\_\_\_\_

**Primary Caretaker at 2nd Address (please indicate if parent...)** \_\_\_\_\_

**Other Caretakers at 2nd Address (indicate if step parent, etc.)** \_\_\_\_\_

**Cell Phone (\_\_\_\_)** \_\_\_\_\_ **Home Phone (\_\_\_\_)** \_\_\_\_\_ **Work Phone (\_\_\_\_)** \_\_\_\_\_

**Emails** \_\_\_\_\_ **Schedule There** \_\_\_\_\_

**Other Emergency Contact Name** \_\_\_\_\_ **Location** \_\_\_\_\_

**Cell Phone (\_\_\_\_)** \_\_\_\_\_ **Home Phone (\_\_\_\_)** \_\_\_\_\_ **Work Phone (\_\_\_\_)** \_\_\_\_\_

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

\_\_\_\_\_

**Location & Times of arrival and departure:** \_\_\_\_\_

**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:**

\_\_\_\_\_

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

## Health History

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!

**Participant Name** \_\_\_\_\_ Describe Relevant Current/Past Medical,  
First Aid or CPR Training Experience (Participant or Parent) \_\_\_\_\_  
Health Insurance Company \_\_\_\_\_ Health Ins. # or SSN: \_\_\_\_\_  
Deductible: (and other restrictions in case of hospital visit) \_\_\_\_\_  
Your Doctor/Healer/Clinic Name & Location \_\_\_\_\_ Phone \_\_\_\_\_  
Δ **Allergies/Asthma** that may cause respiratory/skin changes (allergen, reactions & care for each): \_\_\_\_\_

Δ Past Back/Spine/Head Injuries: \_\_\_\_\_

Care Instructions: \_\_\_\_\_

Δ Past Sprains, Fractures, Dislocations: \_\_\_\_\_

Care Instructions: \_\_\_\_\_

Δ Past Heat/Cold Injuries & Susceptibility To Sunburn: \_\_\_\_\_

Care Instructions: \_\_\_\_\_

Δ Past Fainting/Seizures/Convulsions: \_\_\_\_\_

Care Instructions: \_\_\_\_\_

Δ Abdominal/Intestinal/Menstrual History & Concerns: \_\_\_\_\_

Care Instructions: \_\_\_\_\_

Δ Diet Requirements & History: (required for overnight programs) \_\_\_\_\_

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

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): \_\_\_\_\_

Care Instructions: \_\_\_\_\_

Δ Swimming Comfort & Ability: \_\_\_\_\_

Δ Eye/Ear Aids/Lenses (consider bringing a spare set): \_\_\_\_\_

Δ **Date of Last Tetanus Shot, then other shots:** \_\_\_\_\_

Δ **Date of last medical check-up and its result:** \_\_\_\_\_

Δ Mental or Emotional Health Concerns: \_\_\_\_\_

*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!***

## **Hold Harmless Participation Agreement, Assumption of Risk and Waiver of Liability**

*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:*

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:

**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.

**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 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.

**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.

**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.

**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.

**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.

Signature\* of Applicant if of age to understand both pages \_\_\_\_\_ Date \_\_\_\_\_

Signature\* of Parent/Guardian for dependents \_\_\_\_\_ Date \_\_\_\_\_

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

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

Number of <b>Day Camp Weeks:</b> _____ @ a minimum \$100 deposit each =	\$
Number of <b>Overnight Youth Camps:</b> _____ @ a minimum \$200 deposit each =	\$
Number of <b>Expeditions for Adults:</b> _____ @ a min \$200 deposit each =	\$
Number of <b>Internships/Apprenticeships:</b> _____ @ a minimum \$200 deposit each =	\$
Number of <b>One Day or Weekend Workshops:</b> _____ @ min \$25 deposit per person =	\$
<b>Fri-Sat Night Stayovers</b> before/after camps/expeditions: _____ @ min \$100 deposit each =	\$
<b>Van Pickups/Dropoffs</b> before/after camps/expeditions: _____ @ a min \$25 deposit each =	\$
	<i>Total: \$</i>
<i>Choose Your Method of Payment: Direct Deposit - Credit Card - PayPal - Check #</i>	
<b>To pay by Visa/MC/Discover/AmEx:</b> Provide any info that's not on the first page:	
Name on Card: _____	Full Billing Address: _____
Card Number: _____	Zip/Postal Code: _____
Expires: _____	

**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)

Where you heard about Wolf Camp: \_\_\_\_\_

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

## New Participant Questionnaire

### FULL-SENTENCE ANSWERS TO ALL QUESTIONS ARE REQUIRED

*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!\*\**

**Participant Name** \_\_\_\_\_ **Parent/Guardian if under 18:** \_\_\_\_\_

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.)?

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?

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

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.)?

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:

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:

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:

**Signature\* of Applicant** required for all ages \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature\* of Parent/Guardian** required for dependents \_\_\_\_\_ **Date** \_\_\_\_\_

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

*\*\*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!*

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

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Date Photo Taken: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Shoe Size: \_\_\_\_\_ Birth Mark Locations, Glasses, Braces? \_\_\_\_\_