

Wilderness Adventures

Friday July 12th – Sunday July 14th, 2019

To be held at Camp Michael www.Camp-Michael.com (419) 562-2764

To Register: Send completed forms and payment
\$25 each (\$40 if out of county) to

Camp Michael, 1741 Shupp Road, Bucyrus, Ohio 44820
3 days, 2 nights of fun and learning for boys and girls
between the ages of 10-17.

Name: _____ Address: _____ City: _____

Zip: _____ Phone Number: _____ Email: _____

Just a few of the activities that you can participate in at Wilderness Adventures!

Crafts

- *Knot Tying – Survival Bracelets-Custom Flip-Flops
- *Wood Working – Bird Houses/Wood Models **
- *Blacksmithing
- *Leather Crafting **
- *Tie-Dying T-Shirts

Skill Building

- *Small-bore Rifle Shooting **
- *Archery **
- *Orienteering Course (Map and Compass, GPS) **
- *Geocaching **
- *Rappelling **
- *Plant & Animal Identification **
- *Planetarium
- *Tomahawk Throwing

Games

- * Cardboard Canoe Races
- * Tennis Ball Golf
- * Frisbee Golf
- * Horseshoes
- * Volleyball
- *Many more!

Shoe Size – Adult – Flip Flop

Small Medium Large Extra Large

(check your size)

T-Shirt Size - Adult

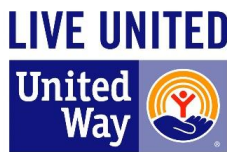
Extra Small Small Medium Large

Extra Large XXLarge XXXLarge

(check your size)

**Indicates activities that meet partial or full requirements of Boy Scout and Girl Scout Merit Badges.

Only \$25.00 (Non-Refundable) per participant!



Sponsored in part by United Way of Crawford County

Camp price includes 3 hot meals a day, camping, hot showers, all materials and supplies for crafts and activities, camp t-shirt and backpack, plus more goodies and prizes daily.

Tent camping, all Boy Scouts, Girl Scouts, youth groups and any individuals that have their own tents, please **BRING THEM!** 😊

If you have a friend coming to Wilderness Adventures with you...

YES you may share a tent with them!

I have my own tent to share with other youth

I do not have a tent and wish to share

All participants must register in advance, and pay their fee (\$25 or \$40 out of county) in advance.

Items TO BRING

- Suitable outdoor clothing for 3 days, 2 nights, including a swimsuit or clothes that can get wet for the canoe races.
- Raingear – light coat – boots or shoes, no open toe shoes in woods or river.
- Water shoes or shoes that you don't mind getting wet during the cardboard canoe races in knee deep water.
- Personal Items – soap, shampoo, deodorant, toothpaste and brush, hairbrush, bathing towel, swimming towel, Insect repellent, flashlight (small), sunglasses (cheap)
- Money (NOT over \$30.00 for snacks, ice cream, other things at the camp store)
- Personal medication for the medical staff to dispense for you. Just enough for the 3 days, 2 nights in the prescription bottle please.

Items NOT to bring

- Weapons, alcohol, tobacco products, illegal drugs, fireworks.
- Expensive or irreplaceable items.
- Cell phones, tablets, laptops, etc. (Phones will be available for your use in camp if necessary)

You will be receiving a Wilderness Adventures camp T-shirt, backpack, and other goodies upon check in.

Check IN Friday 8:00 AM – 10:00 AM, please come early. Breakfast will be served.

Check OUT Sunday 9:00 AM, please be on time.

Camp Store Open Daily for your needs

Wilderness Adventures Health Form

Emergency Contact Information
Please attach to Registration Form

MY HEALTH HISTORY

MY INFORMATION

Name	
Date of Birth	
Social Security #	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	

MY FAMILY CONTACTS

IN THE EVENT OF AN EMERGENCY, THE FIRST PERSON TO CONTACT IS:

Name	
Relationship	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Fax	
E-mail	

MY INSURANCE COVERAGE

(Remember to bring your insurance cards every time you see a new doctor.)

PRIMARY:

Name of Insured	
Company Name	
Address	
City, State, Zip	
Telephone	
Fax	
Policy Numbers	
Social Security # of Insured	

MY MEDICAL PROFILE (CONTINUED)

MEDICAL CONDITIONS: (For example: high blood pressure, heart trouble, diabetes, depression, breathing problems, other)

Condition	Year Diagnosed	How Is it Treated

ALLERGIES: (For example: medications, food, and/or other substances)

Allergy	Allergic Reaction (What symptoms develop?)

MEDICATION I TAKE:

Information the doctor will want to know for each medication:

Why are you taking it?

How long have you been taking it?

What is the dosage?

How many times a day do you take the medication? (If you are not sure, bring the medication with you.)

Medication	Dose	Number of Times Taken Per Day	Date Started	Prescribed By

Wilderness Adventures

Photo Release for Minor Child

I hereby grant the following rights and permissions to Camp Michael ("Photographer"), its legal representatives and assigns, those for whom Photographer is acting, and those acting with its authority and permission. They have the absolute right and permission to take, use, reuse, publish, and republish photographic portraits or pictures of the minor or in which the minor may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with the minor's own or a fictitious name, or reproductions of such photographs in color or otherwise, made through any medium at Photographer's studios or elsewhere, and in any and all media now or hereafter known, including the internet, for art, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction with such photographs. I specifically consent to the digital compositing or distortion of the portraits or pictures, including without restriction any changes or alterations as to color, size, shape, perspective, context, foreground or background. I waive any right that I or the minor may have to inspect or approve any finished product or products or the advertising copy or printed matter that may be used in connection with such photographs or the use to which it may be applied. I understand that the images of the minor may be used in public-service advertisements to promote the United Way Sponsored Wilderness Adventures Camp. I release, discharge, and agree to hold harmless and defend Photographer, its legal representatives or assigns, and all persons acting under its permission or authority or those for whom it is acting, from any liability by virtue of any reason in connection with the making and use of such photographs, including blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication of them, including without limitation any claims for libel or violation of any right of publicity or privacy. I hereby warrant that I am a legal competent adult and a parent or legally appointed guardian of the minor, and that I have every right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents of it. This release shall be binding upon the minor and me, and our respective heirs, legal representatives, and assigns.

Childs Name: _____ Date of Birth _____

Signature of Parent or Guardian _____

PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of a participant in the **Wilderness Adventures program**, I hereby give my full consent and approval for my child to participate in events sponsored by the Wilderness Adventures program for 2017.

I understand that there are certain risks of injury inherent in the learning and play activities at the **Wilderness Adventures program**, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume the full risk of injury, including death, damages or loss which I or my child may sustain as a result of participating in this activity and any and all activities connected with or associated with this program. I hereby certify that my child is fully capable of participating in this any and all activities connected with or associated with this program and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the **Wilderness Adventures program**, Camp Michael, Bucyrus Scouts Inc. United Way of Crawford County, its officers, coaches, sponsors, volunteers, supervisors, and representatives for any injury, including death, damage or loss that may be suffered by me or my child in the course of participation in all activities connected with or associated with this program, whether the result of negligence or any other cause.

(Name of Child)

(Date of Birth)

Parents Names

(Street Address)

(Town)

(State)

(Phone Number)

E-Mail Address

Please list any physical limitations (allergies, hearing, sight, etc) _____

(Parent's Signature)

(Date)

2019 Wilderness Adventures

Nature Walk

Scavenger Hunt

Games

Archery

Camping

Plant ID

Rappelling

Crafts



Tomahawk throwing

Friday July 12 - Sunday July 14
All meals provided!

3 days, 2 nights, ages 10-17

Located at Camp Michael
1741 Shupp Road
Bucyrus, Ohio 44820

Only \$25 per youth participant!
(\$40 per out of county youth)

Call 419.562.2764 or
Go to www.camp-michael.com
for applications!

Sponsored in part by
United Way of
Crawford County

United
Way

