



OUTDOOR adventure camp



Camper Registration Packet



Checklist for Parents

Please use this checklist to ensure you have completed and signed all sections.

Name of Camper: _____

Persons Authorized to pick-up Camper:

1) Name _____

Cell Phone _____

2) Name _____

Cell Phone _____

Camper Information

Session Number: _____

Medical History

River Riders General Release Form

Canopy Tour / Adventure Park Release Form

Copy of Medical Card

(Please provide copies of the front and back of the card.)



THINGS TO BRING: Cap, Visor, or inexpensive Sun Glasses

Sun Screen

Bathing Suit or Shorts

T-shirt

Old Tennis Shoes, Aqua Socks, or Sport Sandals

Towel

Bagged lunch that does not require cooling/heating

There is an opportunity at the end of the day for your child to purchase snacks, drinks, or other items from our gift shop, should you choose to send a little extra spending money for your child.

Name of Camper _____ Date of Birth ____/____/____
Age (at start of camp) _____ Male Female
Camper's Address _____
City _____ State _____ Zip _____

Name of Parent/Guardian _____ Relationship _____
 Home _____ Cell _____ Work _____
 Email _____ (Please check your preferred contact method.)

Name of Parent/Guardian _____ Relationship _____
 Home _____ Cell _____ Work _____
 Email _____ (Please check your preferred contact method.)

Additional Emergency Contact _____ Relationship _____
 Home _____ Cell _____ Work _____
 Email _____ (Please check your preferred contact method.)

Best person to contact in case of emergency: _____

Would you like to be a part of our Email mailing list? Yes No

How did you hear about Outdoor Adventure Camp? _____

T-Shirt Size Youth: MED LG / **Adult:** SM MED LG XL

(One shirt is included in price of camper's first camp week; additional shirts are \$13.00. Camp shirts must be worn by campers during all non-water activities.)

Payment Plan \$50 non-refundable deposit due at time of reservation. Price includes all activities. 6% West Virginia sales tax and a \$10.00 per camper per week in user fees will be added to the price of each camper.

Cancellation Policy Due to the cost of processing applications, \$50 per camper, per week is non refundable. You may receive a refund for the balance of your payment upon notification made at least 15 days prior to the start of camp. No refunds within 15 days of the start of camp. In an unfortunate instance where, due to undesirable behavior, your child is asked to leave camp, there are no refunds.

I accept the terms of this cancellation policy and I understand my credit card will be charged in full for my child's week of camp.

Signature _____ **Date** ____/____/____

How did you hear about us?

- Loudoun County Parks & Rec
- Clarke County Parks & Rec
- Frederick County (MD) Parks & Rec
- Jefferson County Parks & Rec
- Frederick County (VA) Parks & Rec
- Other _____

Name of Camper _____ Date of Birth ____/____/____ Session # _____

Camper Health Record and Medical Information

River Riders is required by the American Camp Association and West Virginia law to obtain the following health information before accepting a camper.

(Please include a copy, FRONT and BACK, of the family/camper's medical insurance card.)

Camper's Physician _____

Insurance Carrier _____ Group # _____ Member # _____

Date of Immunizations: DTP _____ Tetanus _____ Polio _____ MMR _____

Does the Camper have activity restrictions? Yes No If yes please explain:

Is there any medication to treat these conditions? Yes No If yes please list:

History	Allergies	Medication
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Drugs:	Is the Camper taking any medication? <input type="checkbox"/> Yes (please explain):
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Plants:	
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Insects:	
<input type="checkbox"/> Fainting	<input type="checkbox"/> Animals:	
<input type="checkbox"/> Upset Stomach	<input type="checkbox"/> Foods:	Drug Name:
<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Other (please explain):	Dosage:
<input type="checkbox"/> Convulsions		Times:
<input type="checkbox"/> Sleep Walking		<i>*All prescriptions must be in their original containers with proper dosage instructions provided by their doctor.</i>
<input type="checkbox"/> Heart Trouble		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Behavioral/Learning Disabilities (please explain):		
<input type="checkbox"/> Special Dietary Needs (please explain):		
<input type="checkbox"/> Other (please explain):		

Medical Release

In the event of an Emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.

Signature _____ Date ____/____/____

Please also remember to send us a copy of your insurance card, and don't forget to fill out the activity waivers via wherewolf.

READ AND COMPLETE ALL BLANKS

NAME _____
PLEASE PRINT CLEARLY Date of Birth _____

Check if this is your first time at our game

CHRONOGRAPH
SPEED

ID NUMBER

CAMO
RENTAL

EQUIP
RENTAL

Address _____
Street

PARENT / GUARDIAN (IF APPLICABLE)

Home Phone _____ Work Phone _____ Fax _____

City _____ State _____ Zip _____

email _____

SAFETY RULES (must be read to play)

1. Always wear approved goggles at shooting range and in or near playing field. Not adhering to this rule is cause for immediate dismissal from the games. In goggle required areas the goggle/mask may not be removed for any reason which includes but is not limited to: fogging, painted lenses or during an injury.
2. A barrel blocking device must be used when not shooting or when you are not in an active field of play.
3. Never shoot at anyone who is not wearing approved eye protection or anyone whose safety gear is not in place.
4. A player is emphatically disallowed from shooting at any other player showing a neutrality symbol, any non-player, any judge or any animal or bird.
5. No player may shoot at any person, object or animal outside the perimeter of the active playing field.
6. No player may intentionally shoot at any other player's head or face. Repeats will be out of the game for the rest of the day.
7. Observe all safety rules applicable to firearms when handling paintball guns or other gas powered devices capable of launching projectiles.
8. Never shoot anything from a paintgun except the water-soluble paintballs provided.
9. All paintguns must be chronographed prior to use in play and shall not exceed a velocity of 270 feet per second.
10. Never shoot at another person in anger or with intent to cause harm.
11. Firearms, knives and explosives are strictly forbidden.
12. No physical confrontation between players, i.e. hand-to-hand combat, taking prisoners, etc. is permitted.
13. Consumption of alcohol or drugs on the premises or in the parking area is prohibited.
14. Smoking is allowed only designated areas.
15. National, regional, state, provincial and local laws apply.
16. Paintball guns or other gas powered devices used in paintball games must not have a paintball or other projectile chambered while in the staging or parking area.
17. Never look down the barrel to see if it's dirty. Just squeegee the barrel or use your fingers to check it.
18. Paintguns without approved barrel blocking devices must be carried on safe, with the barrel pointing to the ground while in the staging, neutral or parking areas. No waving them around in a neutral area.
19. No going up trees (or on roofs, if applicable)
20. No discharging or dry firing of paint ball guns is allowed in any neutral or non-playing area.
21. Do not use a paintgun until you have been versed on its use and understand such use.
22. Do not shoot across neutral or staging areas or parking lots.
23. You cannot play, use target range or spectate without signing a waiver/liability release.

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WE MAINTAIN THE RIGHT TO REFUSE PARTICIPATION TO ANYONE ON ANY GROUNDS DEEMED APPLICABLE BY US. THERE ARE NO REFUNDS FIELD FEES, RENTAL FEES OR PAINTBALLS IF YOU ARE ASKED TO LEAVE BECAUSE OF RULE VIOLATIONS.

RELEASE / WAIVER OF LIABILITY AND ASSUMPTION OF RISK APPLICATION TO PLAY OR OBSERVE PAINTBALL (COVENANT NOT TO SUE)

THE UNDERSIGNED

1. Has asked FAMILY RECREATION PARK to be allowed to play PAINTBALL and acknowledges that the game involves physical exertion and other risks, known and unknown and may result in injury to the undersigned or others playing the game, even if all safety rules are followed;
2. Is aware of the possibility of risks of injury, including, but not limited to, being hit by a paintball, falling, tripping, heat stroke, heart attack, hypothermia, improper use, malfunction or operation of equipment by the undersigned or any other player and others not following the safety rules. Players will be exposed to both natural and manmade hazards. The possibility of permanent disability or death does exist;
3. Agrees to play the game according to the rules which have been explained, posted and provided and to follow directions given by any game referees;
4. Warrants and acknowledges that his / her physical condition is excellent and his / her mental state is sufficiently stable to enable him / her to participate safely in the game. This includes not being on any medications that would pose a risk to him or her under physically, exerting conditions.
5. Agrees to use any paintball equipment in a manner which will not cause injury or damage to himself / herself or others playing;
6. Certifies that he / she is over 18 years old. If under 18 years of age, parent or legal guardian must sign waiver giving consent for undersigned to participate in the game of paintball.
7. Authorizes use of photos, videos, name, comments, game results, etc. for promotional purposes;
8. Understands and agrees to follow all safety rules and procedures and that such rules and procedures not followed by others could result in my injury or death;
9. Understands that serious and permanent eye injury, including loss of eyesight, can occur if approved paintball safety eyewear is not worn in any area where paintball guns may be intentionally or accidentally discharged. I understand that it is my responsibility to wear approved safety eyewear and I accept that responsibility.
10. Understands that the safety eyewear can fog or become dirty, and agrees that despite any, or other, such problems that he / she will keep them securely fastened to protect the eyes and will not remove them while on the playing field, at the chronograph, at the target range or in any other area where he / she might be struck by a paintball, other gas powered projectile device used in paintball or by the dispersing of a paint grenade.
11. Understands that loss of hearing from an ear shot, disorientation and injury from throat, groin, head or ear shots can occur if proper safety equipment is not worn to protect these areas, and understands it is his / her responsibility to wear or not wear such items.

IN CONSIDERATION of being permitted to play the game, the undersigned, on behalf of himself / herself, his / her successors or assigns, hereby releases and forever discharges FAMILY RECREATION PARK, land owners, land lease holders or managers, equipment distributors, consultants and their successors, assigns, employees, officers, agents and franchisees, dealers or operators both jointly and severally, from any and all actions, covenants, claims and demands for damages, costs, expenses (including attorneys' fees), loss or injury, however arising, which may have been or may be sustained by the undersigned in any way relating to or arising out of the playing PAINTBALL equipment, including but not limited to, the manufacture, selection, delivery, possession, use, or operation of the equipment or the natural environment. The undersigned desires and agrees to assume any and all risks associated with playing the game of paintball.

THIS DOCUMENT IS INTENDED TO BE A LEGALLY BINDING CONTRACT RELIEVING THE GAME OPERATORS, EQUIPMENT SUPPLIERS CONSULTANTS AND THEIR EMPLOYEES FROM LIABILITY FOR INJURY TO YOU. IF YOU HAVE ANY DOUBTS CONCERNING ANY ASPECT OF ITS CONTENTS, CONSULT AN ATTORNEY BEFORE SIGNING IT. THIS HOLD HARMLESS AGREEMENT COVERS ALL PAINTBALL ACTIVITIES OR EVENTS I PARTICIPATE IN HEREAFTER AT FAMILY RECREATION PARK.

I hereby agree to the above release and acknowledge the receipt of the referenced safety rules. I have read each and every item of this Waiver, I understand what each item means, will participate in spite of the herein mentioned risks and I agree to abide by the terms of this Waiver. This waiver applies to any and all paintball games I participate in at present or in the future at FAMILY RECREATION PARK.

IN WITNESS WHEREOF, the undersigned has executed this Release on the _____ day of _____, 20_____.

Signature _____

Witness / parent or guardian _____

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