

**CrossWoods Adventure Camp LLC.**  
**Health History Form**  
**For Campers & Adults**

**Bring when you register:**    ✓ **This Completed Form**  
 ✓ **Copy of Insurance Card**    ✓ **Any medications in labeled containers**

**2022**

Camper Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Camp \_\_\_\_\_

Home

Mailing Address \_\_\_\_\_  
Street City State ZIP

<i>Custodial parent/guardian</i>	<i>Second parent/guardian or other contact</i>	<i>If neither available, in an emergency notify</i>
<small>Name</small> _____	<small>Name</small> _____	<small>Name</small> _____
Home Phone (____) _____	Home Phone (____) _____	Home Phone (____) _____
Work Phone (____) _____	Work Phone (____) _____	Work Phone (____) _____
Cell Phone (____) _____	Cell Phone (____) _____	Cell Phone (____) _____

**Insurance Information**

Is this camper covered by medical/hospital/health insurance?     Yes     No

If yes, please attach a photocopy of the front and back of the insurance card. And provide the following:

Insurance Carrier \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Group/Policy Number \_\_\_\_\_ Name of insured \_\_\_\_\_

**Health History** – A parent, legal guardian, physician or nurse practitioner may complete this section.

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

This individual is under the care of a physician for the following: \_\_\_\_\_

Provide month and year Tetanus booster \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Polio \_\_\_\_\_  
 for each immunization. Haemophilus b (HIB) \_\_\_\_\_ MMR \_\_\_\_\_ Varicella (Chicken Pox) \_\_\_\_\_

This individual has had chicken pox?     Yes     No    This individual has had mononucleosis in the past 12 months?     Yes     No

This individual has a history of illness, injury or surgery that will affect participation?     Yes     No

If yes, explain: \_\_\_\_\_

**Allergies** - List all known  
 Medication allergies

Describe reaction and management of the reaction:

\_\_\_\_\_  
 \_\_\_\_\_

Food allergies

\_\_\_\_\_  
 \_\_\_\_\_

Other allergies –include insect stings, hay fever, asthma, animal dander, etc...

\_\_\_\_\_  
 \_\_\_\_\_

**DIET:**     No red meat     No pork     No eggs     No poultry  
                No seafood     No dairy products     Other \_\_\_\_\_

(Over)

**Medications:** List **All** medications (*include over the counter/nonprescription*) taken routinely. Bring enough medication for entire camp in original bottle/packaging that identifies prescribing physician (*if prescription*), name of medication, dosage, and frequency. Medications dispensed according to label instructions. If the camper is not taking medication as indicated on the label, get the medication into a container properly labeled by a physician or pharmacist for current dosage. Campers are not allowed to self-medicate, except by necessity (*i.e. inhalers and the like*).

This person takes **NO** medications on a regular basis.       This person **takes** medications on a regular basis (*include over the counter medications*)

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Taken daily  Yes  No

Reason taking \_\_\_\_\_ Date started \_\_\_\_\_

**--- List any additional medications on a separate sheet. ---**

**Ongoing Health Concerns:** Check all that pertain to this individual, and provide information about supportive healthcare.

This individual has no ongoing health concerns

This individual has the following ongoing health concerns

Asthma       Headaches       Sleepwalking       Diabetes       Frequent ear infections

Bedwetting       Pregnancy       Menstrual cramps or related concerns       Other \_\_\_\_\_

Provide information about supportive health care for each checked item \_\_\_\_\_

If your child receives care/ medication for emotional, learning and/or psychological concerns, provide background information to help us work with this camper \_\_\_\_\_

Person completing this form \_\_\_\_\_ Date \_\_\_\_\_

*Parent Initials*

\_\_\_\_\_ I authorize an adult, in whose care the minor has been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care for the above named minor. Such care is to be rendered under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Statutes of the State of Wisconsin, if there is insufficient time or inability to contact me. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered pursuant to this authorization.

\_\_\_\_\_ I give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted.

\_\_\_\_\_ I will take no civil action against CrossWoods Adventure Camp LLC., any associated agencies, or persons in whose care the minor has been entrusted, for normal care of the minor in their charge.

\_\_\_\_\_ I give permission for this minor to receive non-prescription medications for non-emergency situations from a designated health-care provider.

\_\_\_\_\_ If my child has a headache, I usually give them \_\_\_\_\_ (*example: Tylenol, Ibuprofen, etc...*)

Signature of Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



Participant Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

## Camper/Parent Authorizations – CrossWoods Adventure Camp LLC. 2022

### Section A: Camper Authorization

- I understand and agree to cooperate with all regulations regarding behavior, health, special qualifications and age.
- I authorize an adult, in whose care I have been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to me under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act. If I am not a minor, I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization.
- I understand the general guidelines of behavior: I must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons, or sexual misconduct is tolerated. I will assume all transportation costs if problems occur during any event or activity.
- I will take no civil action against the CrossWoods Adventure Camp LLC. staff, any associated agencies, or persons in whose care I have been entrusted, for my normal care.
- I give my permission for photographs or video footage of me to be used by CrossWoods Adventure Camp LLC., for promotional purposes, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).
- I give my permission for my address/phone number/email address to be included on a participant roster of the camp for use of campers and staff only, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Printed Name of Camper

\_\_\_\_\_  
Date

### Section B: Parent/Guardian Authorization and Authorized Rides (Must be signed by the camper's parent/guardian if the camper is under the age of 18 on the first day of camp)

- I give full permission to this minor to attend the youth event at CrossWoods Adventure Camp LLC.
- I give full permission to this minor to participate in all activities at CrossWoods Adventure Camp LLC., unless otherwise specified on the Health History Form.
- I authorize an adult, in whose care the minor has been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, if there is insufficient time or inability to contact me. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named minor pursuant to this authorization.
- I give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in events at CrossWoods Adventure Camp LLC.
- I understand the general guidelines of behavior: the minor must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons or sexual misconduct is tolerated. I will assume all transportation costs for this minor if problems occur during any event or activity.
- I will take no civil action against CrossWoods Adventure Camp LLC. staff, any associated agencies, or persons in whose care the minor has been entrusted, for normal care of the minor in their charge.
- I give my permission for photographs or video footage of my child to be used by CrossWoods Adventure Camp LLC., for promotional purposes, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).
- I give my permission for my child's address/phone number to be included on a participant roster of the camp for use of campers and staff only, unless I initial here \_\_\_\_\_ (*initialing means you do NOT give permission*).
- I have also read and consent to all the items printed in Section A of this form.

**Authorized Rides: Please check one or more of the following boxes as appropriate.**

Only the following people may pick up the above named camper: \_\_\_\_\_

The following people may NOT pick up the above named camper: \_\_\_\_\_

By checking this box I am authorizing anyone to pick up the above named camper.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Section C: Release of Liability and Acknowledgment of Risk**

Having carefully read the policies description above, I agree to abide by the expectations, payment, and benefits stated therein. I understand that CrossWoods Adventure Camp LLC. likewise agrees to abide by the same. I understand that participating in Adventure Activities at CrossWoods Adventure Camp LLC. could potentially cause injury. I certify that I am physically and emotionally able to do any activities I choose to participate in. I accept all risks associated with participating in said activities and agree to comply with all the safety rules and instructions provided by CrossWoods Adventure Camp LLC. I, my heirs, my personal representative, or anyone entitled to act on my behalf hereby release and discharge CrossWoods Adventure Camp LLC., its staff and corporate officers, their agents, representatives and successors from all claims or liabilities of any kind or nature resulting from, or arising out of activities associated with participating in any activities at CrossWoods Adventure Camp LLC., even though that liability may arise out of negligence or carelessness on the part of the entities named herein. In addition, I agree to release, forever discharge, and to forever hold harmless CrossWoods Adventure Camp LLC., from any and all claims for property damage and expenses of any nature whatsoever which may be incurred by the undersigned (including travel between the undersigned's home and CrossWoods Adventure Camp LLC., excursions from CrossWoods Adventure Camp LLC., and time spent at CrossWoods Adventure Camp LLC.. I acknowledge that while staying at CrossWoods Adventure Camp LLC., I am free to leave at any time for any reason, and that the camp directors similarly retain the right to terminate my residence at CrossWoods at will. I represent that I am of lawful age and legally competent to execute this statement and that before signing it, I have read and understand its contents completely.

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Signature

Date

Print Name Here

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Signature of Parent if Guest is under 18

Date

Print Name Here

# CrossWoods Adventure Camp, LLC

## Expectations, Activities and Release of Liability

### Expectations of Guests:

1. *A Willingness to Refrain from All Drugs and Illegal Substances* – CrossWoods Adventure Camp, LLC does not permit the use of any drugs or illegal substances by its employees or their guests at any time.
2. *Respect the Lodging you are provided* – All campers may only enter buildings designated for their use. Unmarried couples are not permitted to bunk together, no exceptions. You are responsible for damages to property and are expected to pay for repairs.
3. *Respect the CrossWoods Adventure Camp, LLC Staff*- During your stay at CrossWoods Adventure Camp, LLC you must respect the staff and follow all instructions completely. Staff members are fully trained and are committed to ensuring your safety, maintaining our facility and equipment, and providing a meaningful experience for your group. They strive to help keep your program running as smoothly as possible.

**Activity:** Camp Activities including but not limited to: rock climbing, repelling, high ropes/zip line, water wars, kayaking, low ropes, archery, archery tag, mountain biking, swimming, hiking, Adventure Olympics, arts/crafts, camp fires, team games including running, and nighttime activities, faith based programming and sacraments.

### Release of Liability:

Having carefully read the above described expectations, and activities that I will engage in through CrossWoods Adventure Camp, LLC, I hereby acknowledge consent & understand that participating in activities at CrossWoods Adventure Camp, LLC could result in injury or death. I am physically and emotionally able to engage in any and all such activities in which I elect to participate. I accept all risks associated with participating in said activities and agree to comply with all the safety rules and instructions provided by CrossWoods Adventure Camp LLC staff. I hereby release and discharge CrossWoods Adventure Camp, LLC, its staff and corporate officers, their agents, heirs, representatives and successors from any and all claims or liabilities of any kind or nature resulting from, or arising out of the aforementioned activities participated at CrossWoods Adventure Camp, LLC. In addition, I agree to release, discharge, and to forever hold harmless CrossWoods Adventure Camp, LLC from any and all claims for property damage and expenses of any nature whatsoever which may result from attending CrossWoods Adventure Camp, LLC. This release of liability includes any or all communicable diseases such as COVID19.

I attest that I am of lawful age and legally competent to execute this statement and that before signing it, I have read and fully understand the contents of this document.

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Signature

Date

Print Name Here

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Signature of Parent if Guest is under 18

Date

Print Name Here