

Disabled Adventure Outfitters
Teen Adventure Camp

For persons with bleeding disorders ages 13 - 18

Saturday, July 26 - Friday, August 1, 2008

Registration Form

Please complete this form and return it with your check made out for \$10.00 to Disabled Adventure Outfitters, PO Box 152, Arcata, CA 95518-0152. We must receive your **completed and signed** registration packet (FOUR pages including medical history and acknowledgment of risk forms), and registration fee -- postmarked by the **registration deadline - (Saturday, June 28)**. You will either be assigned a spot or placed on a waiting list (if the camp is full), and will be notified of your standing. We will place registrants as we receive **complete** applications. There are sixteen slots available for this camp, to be filled on a first come, first served basis, so don't delay. Once you're registered you will receive a confirmation including transportation information for camp.

Personal Information:

Name _____ Nickname _____

Birthdate _____ Sex _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip _____

Tel: Home (_____) _____ Other (_____) _____

Email _____

What would you like to gain/learn during the week? _____

Previous Experience Whitewater Rafting? (please describe) _____

Any skills or talents you'd like to share with others? _____

Rate your SWIMMING ABILITY from 0 (non-swimmer) to 10 (dolphin) _____

Emergency Contact:

Name _____ Relationship _____

Tel: Eve (_____) _____ Day (_____) _____

Cell (_____) _____ Other (_____) _____

Address _____

City _____ State _____ Zip _____

Disabled Adventure Outfitters

2008 MEDICAL HISTORY FORM

(use back of form for additional space if necessary)

Participant Name _____

Doctor _____ Dr. Phone (_____) _____

Health Insurance:

Carrier _____ Group # _____ Policy # _____

Phone _____ Covered individual name _____

Health History: (Use back of page for additional information)

Bleeding disorder/severity _____ Product _____

"Normal" dose _____ Trauma dose _____

Do your religious beliefs affect medical treatment? If yes, how? _____

(Please check all applicable):

<i>Diagnosed Conditions</i>	<i>Allergies</i>	<i>Physical Aids</i>	
___ Epilepsy/Convulsions	___ Poison Oak	___ Insect Bites*	___ Hearing Aid
___ Diabetes	___ Penicillin	___ Bee, Wasp, or	___ Limb Brace
___ Immune Compromised	___ Medicines*	Insect Stings*	___ Cane/Crutches
___ Deafness/Ear Infections	(list below)	___ Food*	___ Wheelchair

Other _____ Other _____ Other _____

Do you have **ASTHMA**? Y N If YES, how do you treat it? _____

*Does participant's reaction to **any** food/bites/stings require medical attention or a Reaction Kit? Y N

Please list ALL allergies/reactions/treatments: _____

DIETARY RESTRICTIONS: _____

Sensitivity to Sun: ___ Sensitive ___ Average ___ Mild

Serious Injury or Recent Surgery(What/When): _____

Current Medications & Dosages _____

Date of Last Tetanus Shot: _____ Date of Last Physical Exam: _____

Recent Exposure to Contagious Disease (What disease\when): _____

Other Medical Problems or Conditions _____

Parent/Guardian Signature _____ Date: _____

Participant name _____ Date of birth _____

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***** This is NOT kids' hemophilia summer camp! *****

***** You MUST be able to self-treat for your bleeding disorder (if you treat) *****

***** You will be expected to bring your own medications and infusion supplies *****

***** Bring enough meds for a high-activity week - plus a trauma dose *****

***** DAO will NOT have extra factor medication on hand *****

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*If you run out of a particular medication you may have to leave, as the nearest pharmacies can be 20 to 100 miles away. Please bring enough medications for a week. Bring enough to cover you during high activity levels (i.e. prophylaxis). You must also bring your own infusion supplies, as camp does not provide these. Use the camp sharps container or your own - Do **not** throw your infusion trash in the regular camp trash, as this is unsanitary, and camp staff sorts through the trash for burning.*

Initial here that you have read, and understand, the above paragraph (_____)

Parent/Guardian initials (_____)

Photo/Video Release

Disabled Adventure Outfitters (DAO) reserves the right to take photographic and video records of any trip. Participant and Participant's Guardian hereby agree that DAO may use such photos and/or videos for promotional purposes.

Participant Signature _____

Parent/Guardian Signature _____

Authorization for Emergency Medical Treatment

The included medical history form is correct to the best of my knowledge. I hereby grant permission to the medical personnel designated by the Disabled Adventure Outfitters guide or trip leader to order X-rays, routine tests, and treatment for the above named person in the event that the person to be notified in case of emergency cannot be reached. I also grant permission to the physician designated by Disabled Adventure Outfitters to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and for surgery, as deemed necessary by medical personnel, for the participant named above.

Participant Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Emergency Contact Name & Relation _____

Telephone: Day _____ Eve _____

Cell _____ Other _____

VISITORS ACKNOWLEDGEMENT OF RISKS

In consideration of the services of Disabled Adventure Outfitters, their officers, agents, employees, stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "DAO"). I agree as follows:

Although DAO has taken reasonable steps to provide you with appropriate equipment and skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss of or damage to your equipment, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Whitewater rapids will be encountered. I can be jolted, jarred, bounce, and shaken about during rides through some of these rapids. It is possible that I could be injured if I come in contact with food boxes, other storage containers, or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft. Rafts could tum over or I could be "washed" overboard. I can slip or fall during a hike, resulting in damage to equipment or personal injury. Accidents can occur getting on and off the raft. Rafts are slippery when wet. Exposure to the natural elements can be uncomfortable and/or harmful. I am aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps. Also prolonged exposure to cold water can result in hypothermia and in extreme cases death and accidental drowning is also a possibility. Guides can make mistakes.

I am aware that this activity entails risks of injury or death to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children, for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, estate and for all members of my family, including any and minors accompanying me. I acknowledge I am not relying on any oral, written, or visual representations or statements made by DAO including those made in its brochures or other promotional material, to induce me to participate in this activity.

Signature of Participant _____

Print name _____

If under 18 signature of parent or guardian _____

Print name _____

Address _____

Phone _____

Date _____