



Rising Appalachian Warriors

Rising Appalachian Warriors Day Camp Registration

PARTICIPANT: _____
(FIRST) (MIDDLE) (LAST)

NICKNAME OR PREFERRED NAME: _____

GENDER: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (HOME AND CELL): _____

PARENT/GUARDIAN NAME AND E-MAIL ADDRESS: _____

NAME OF FAMILY PHYSICIAN: _____ PHONE: _____

IN CASE OF EMERGENCY, NOTIFY...

NAME: _____ PHONE (HOME): _____
(CELL): _____
(WORK): _____

NAME: _____ PHONE (HOME): _____
(CELL): _____
(WORK): _____

HEALTH AND MEDICAL INFORMATION:

Medications:

Please list all medications participant is currently taking and what they are administered for. Please denote "none" if no medications are being taken.

Allergies:

List all known allergies and describe reaction(s) and management of reaction(s).

Special Dietary Restrictions:

Please describe in detail.

Activity Restrictions:

Explain any restrictions and what adaptations and/or limitations are necessary.

Other Conditions or Circumstances:

Describe any conditions or circumstances about the participant's behavior and physical, emotional, or mental health about which RAW needs to be aware of.

MEDICAL AUTHORIZATION

I authorize American Red Cross First Aid/CPR/BLS/ACLS and Clinical Herbalist certified personnel of RAW to:

Put a check mark after each statement to denote approval.

Provide first aid treatment and/or emergency medical treatment to participant: ___

Administer prescribed medications: ___

I will not hold RAW liable for any instances of or outcomes related to missed medication dosing during my child's stay with RAW: ___

Seek emergency medical treatment if necessary: ___

Arrange necessary transportation for my child: ___

If I cannot be reached, I give permission to the physician or health care provider selected by RAW to secure and administer treatment including hospitalization for the participant named above: ___

Signed: _____ Date: _____

FAMILY PHYSICIAN CONTACTS:

Family Physician, Name, Phone and Address:

Family Dentist Name, Phone, and Address:

AUTHORIZED CARETAKERS and TRANSPORTERS:

Person(s) authorized to Drop my Child at Camp (print names and phone numbers):

Person(s) authorized to Pick Up my Child at Camp (print names and phone numbers):

****No other persons will be permitted to drop off or pick up any camper for any reason** without written authorization from Parent or Guardian. Please consider who you would ask to pick up your camper in the event of an emergency and add them to this list.

In the circumstance that my child is not picked up from camp activities within thirty minutes of the activity's scheduled conclusion, if none of the caretakers/transporters listed here are able to be reached via telephone by RAW employees, I authorize any driver affiliated with RAW to transport my child from RAW events via their personal vehicle to the home address listed on this form. In this case, I will not hold said driver liable for any outcome that arises during this transportation.

Parent/Guardian Signature: _____ Date _____

RELEASE OF LIABILITY

I acknowledge that certain hazards and dangers are inherent in outdoor activities and programs. I understand that RAW's programs include activities such as, but not limited to, martial arts, swimming, obstacle course races, fire starting, tool use, and other potentially dangerous activities. Knowing the hazards and dangers inherent in these activities, I choose to send my child/children to RAW Camp at their own risk and I hereby release Rising Appalachian Warriors (RAW), its employees, instructors, volunteers and interns from any claims for personal injury or property damage arising out of their participation in RAW Day Camp or RAW programming. I also authorize this health form as correct and complete as far as I know. The participant herein described has permission to engage in all activities except as noted. Additionally, I authorize RAW to use any photos of my camper for promotional use. I authorize the persons listed above to drop off or pick up my child. I understand that any injury sustained by the participant while participating in RAW Day Camp will not be covered by insurance provided by RAW.

PARTICIPANT PARENT/GUARDIAN PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

CAMP SELECTION

Please, indicate by circling which camp(s) your child will attend. Cost for each camp is \$200 except for the RAW Adventure Camp which is \$250 and includes a rappelling field trip.

1. RAW LEADERS' DAY CAMP

For youth ages 12 and older
May 29 - June 2, 2017 Mon-Fri
From 8:30-3:30

2. YOUNG WARRIORS' DAY CAMP

For youth ages 6-12
June 19 - 23, 2017 Mon-Fri
From 8:30-3:30

3. RAW MOVEMENT DAY CAMP

For youth ages 8 and up
June 26-30, 2017 Mon-Fri
From 8:30-3:30

4. RAW ADVENTURE CAMP (THIS CAMP IS \$250)

For youth 8 and up
July 10 - 14, 2017 Mon-Fri
From 8:30-3:30

5. ECO WARRIOR DAY CAMP

For youth ages 6 to 12
July 24 - 28, 2017 Mon-Fri
From 8:30-3:30

6. RAW SURVIVORS DAY CAMP

For youth ages 8 and up
July 31 - Aug 4, 2017 Mon-Fri
From 8:30-3:30

Aftercare is available from 3:30-5:30pm for an additional \$50. Please, indicate below for which weeks you would like aftercare: _____

To finalize your registration: Please, send this completed form along with a non-refundable \$50 registration fee to the address below. Please, make checks payable to RAW. Final payment is due on or before the first day of camp (additional \$150).



RISING APPALACHIAN WARRIORS

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