



Wild Kats Registration Packet  
Summer Camp  
Today's Date: \_\_\_\_\_

M F

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Participant's Last name      MI      First      Birth date      Age      Gender      Grade

Yes

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School Enrolled in Fall      Child resides with:      Is Parent/Guardian Current WRF member?

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Parent/Guardian's Name      Email address      Phone #

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Current mailing address      City      State      Zip Code

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Emergency contact #1      Phone #      Relationship

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Emergency contact #2      Phone #      Relationship

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Operating Hours

WRF Summer Camp will run from 8:00 a.m.-4:30 p.m. Monday- Friday. You can pay for extended day programming which starts as early as 6:00 a.m. and goes as late as 6:00 p.m. Pre-registration and payment required. Extended care is \$2.50 from 6:00-8:00 a.m. and \$2.50 for 4:30-6:00 p.m. Late fees will be assessed at \$10 per 15 minutes starting at 6:01 p.m.

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Payment/Fees

You are signing up your child for Wild Kats Summer Camp. You will pay per day or for a full week for your child to attend. Payment is due 2 weeks before the first day of attendance, unless you sign up for our EFT option. Each day is charged in Tiers, which are color coded on the reservation form. All dates must be pre-registered and cannot be transferred to a different week. Tier 3 days are non-refundable non-transferable within 2 ½ weeks of the date. Weeks 1 & 8 need to be prepaid and are non-refundable.

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Sign Out Policy

Each child is required to be signed out by an authorized adult. Identification will be checked until we know you.

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Absences/Illness

Please inform WRF at 715-294-2164 if your child is going to be absent from the scheduled Programming. If your child becomes ill while in our Program, you will be notified and be expected to come and pick your child up. If your child is injured and requires professional medical attention, you will be notified immediately. For minor first aid treatment provided by staff, you will be notified at the end of the day.

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Emergency Procedure

In the event of a disaster, WRF will follow site specific disaster plans.

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Pick Up Policy

I authorize the following individuals (other than parents/legal guardians) to pick up/drop off my child/ren:

Name	Phone Number	Relationship
1.		
<hr/>		
2.		
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**Waiver of release and liability:**

By signing below, I give my child permission to participate in Wild Kats Summer Camp. I HEREBY WAIVE, RELEASE AND DISCHARGE WILD RIVER FITNESS, ITS OFFICERS, OWNERS, AGENTS, VOLUNTEERS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS FOR INJURY, ILLNESS, DEATH, LOSS OR DAMAGE, CAUSED NEGLIGENTLY BUT NOT HARMS CAUSED RECKLESSLY OR INTENTIONALLY, WHICH MY CHILD MAY SUFFER AS A RESULT OF PARTICIPATION IN THE WILD RIVER FITNESS WILD KATS SUMMER CAMP. I understand that WRF is not responsible for personal property lost or stolen while I or other members and/or program participants use WRF's facilities or are present on WRF premises. I understand that a determination that any portion of this waiver and release of liability is invalid, illegal or unenforceable shall not affect the remaining portions of this waiver and release of liability. I have considered that if this waiver and release of liability was not as broad as it is, the cost of the program participation would be considerably higher, and as I do not wish to pay a considerably higher cost, I, therefore, agree to these terms and choose not to further bargain for different waiver and release of liability terms in exchange for a higher cost for participation in the program. By signing this waiver, I also give my consent for the event's organizer and the other above named parties to use my child's photograph or video image in promotional materials.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER FOR THE DISTRIBUTION OF SUN SCREEN/INSECT REPELLENT

This waiver gives Wild River Fitness/Osceola Medical Center permission to apply sun screen (SPF 15 or higher) and/or insect repellent **that is supplied from home** to

My child \_\_\_\_\_(Name)

I hereby acknowledge and request that Wild River Fitness/Osceola Medical Center staff, its employees and/or duly authorized agents administer or assist in administering sunscreen or insect repellent to above named child while child is under the supervision of Wild River Fitness.

In consideration of the administering or assistance in administering sunscreen and/or insect repellent, I hereby forever release, discharge, hold harmless and agree to indemnify Wild River Fitness/Osceola Medical Center, its employees and duly authorized agents of and from any and all claims, demands, suits, actions, and liabilities or responsibilities of whatsoever kind or nature, arising out of connection with the administering or assistance in administering of said sun screen and/or insect repellent.

I understand that these will only be applied right before outdoor play and as needed during outdoor play. I also understand that it is my responsibility to provide sunscreen and bug spray for my child.

Guardian/parent Name  
(print): \_\_\_\_\_

Signature (guardian/parent): \_\_\_\_\_ Date: \_\_\_\_\_



Wild Kats Programming
Health Form
Today's Date: \_\_\_\_\_

Please fill out completely; one form per child.

Participant's last name MI First Birth date Age Gender
F M

Physician's Authorization

If participant is taking medication, including Epi-Pens and inhalers during hours they are participating in programming. This section must be completed and signed by a Physician. If no medications are needed please use N/A in this section.

Name of Medication(s):

Reason for Medication(s): Dose:

Directions for Medication(s)

Possible side effects of Medication(s):

Physician Name (printed) Physician Signature: Date:

Physician Address: Phone Number:

Parents Complete

Are there any health issues/concerns (i.e. seizures, asthma, diabetes, allergies)? If yes, please explain:

Are there any physical, psychiatric, behavioral, emotional or developmental concerns staff should be aware of? If yes, please explain:

Waiver to Carry Emergency Medical Device

PARENT/GUARDIAN, COMPLETE THIS SECTION IF..... Participant will be carrying an emergency medical device such as Epi-Pen or Inhaler during programming hours.

Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I (parent/guardian name) hereby request that (participant name) be allowed to keep the appropriate prescribed device on his/her person while participating in Wild River Fitness activities. The prescribed device (please check) Epi-Pen Asthma Inhaler

I understand that to qualify for this exemption, my child must be capable of safely storing the necessary epi-pen or asthma inhaler on his/her person and using the device appropriately.

Medication Release Information

I hereby authorize the storage and distribution of medication in accordance with the instructions of my child's physician. I understand that the medication is to be furnished by me in a properly labeled original container from the pharmacy; the label on the prescription medication must include the name of the child, name and telephone number of the pharmacy, physician name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other direction; over the counter medications and drug samples are not allowed for storage. I further understand that I must immediately advise Wild River Fitness Staff in writing of any change in prescription or instructions stated above.

Parent's signature Wild River Fitness representative (not valid without signature)




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Participant's last name	MI	First	Birth date	Age	Gender
					<input type="checkbox"/> F <input type="checkbox"/> M

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Wild River Fitness strives to provide each participant with the most enjoyable experience possible. To have a fun, exciting and safe experience, everyone needs to follow the same guidelines. Below is a list of basic rules that you will need to follow while at WRF.

**Rules to Follow While At Wild River Fitness**

- I will be honest and respectful of my peers, Wild River Fitness staff and myself.
- I will follow directions and rules.
- I will not act violently toward anyone.
- I will not steal or destroy property belonging to Wild River Fitness, my peers or staff members.
- I will not use/practice lewd conduct and language.
- I will stay within boundaries established by staff.
- I will not bring electronic devices.
- I will not use offensive language or gestures.

**Discipline Actions**

Discipline will be handled in the following manner:

- Step 1: WRF staff will address behavior with the child, helping the child to understand the rules and take responsibility for changing the behavior. Child will be removed from the situation if needed.
- Step 2: Parents/guardians will be notified of child's behavior and clear objectives will be established.
- Step 3: The child will be removed from programming without a refund. A parent/guardian will be asked to pick up the child as soon as possible. Parent/guardian is responsible for pickup/transportation of child.

**Participant:** By signing this form, participant is agreeing to above stated rules and understands that failing to follow these rules will result in disciplinary actions by the staff of Wild River Fitness, and may include removal from the program.

**Wild Kat Participants Signature:**

**Date:**

**Parent(s)/Guardian(s):** By signing this form the parent/guardian understands that should the child require transportation from WRF due to illness, behavior problems or other reason, they will be required to provide transportation in a timely manner as designated by Wild River Fitness staff. The parent/guardian also acknowledges by signing this form that they have read the guidelines with their child.

**Print Parent/Guardian Name**

**Parent/Guardian Signature**

**Date:**