

WANDER WISCONSIN 2008 Agreement



Please read this agreement completely and carefully, and sign below.

Camper's Name _____
Please print

PAYMENT OF FEES

1. I understand the \$100 down payment toward each trip is not refundable or transferable, unless a requested trip is unavailable. No fee credit will be given for days missed during a trip.
2. I understand that full payment and all required information must be submitted at least **two weeks prior** to the scheduled trip, or my child's enrollment may be cancelled. If registering within two weeks of the trip, payment is due immediately and all forms must be complete prior to the trip departure date.
3. I understand that fees repeatedly not paid by the due dates may result in my child's removal from subsequent programs. I understand that a \$25 charge is assessed for each Non-Sufficient Funds (NSF) check.
4. I understand that a written two-week advance notice must be received by the Administrative Office to cancel any trip. Failure to submit written cancellation two weeks prior to that trip will result in the liability of all fees paid and owed for that trip. I understand that I may add trips at any time, provided space is available.
5. If a trip is cancelled by Wander Wisconsin for any reason, registering families shall have no claim other than a full refund.
6. I understand that if I am receiving assistance, I am responsible for any amount not paid by my funding source. Written verification from the funding source must be on file in the Administrative Office prior to confirmation of my child's enrollment.
My funding source is _____
Contact person _____ Phone number _____
7. I understand I may request duplicate mailings to a second address for a fee of \$30.

PARENTAL CONSENT

1. Program details, although given in good faith at the time of printing, are subject to change at or before the time of departure. No revisions of printed itineraries or their included features are anticipated. However, the right is reserved to make any changes, with or without notice, that might become necessary because of schedule or weather complications.
2. I understand I will need to give my consent on the Health History and Examination Form for WANDER WISCONSIN camp staff to act on my behalf to obtain emergency care and treatment if deemed necessary.
3. Acknowledgement of Risk: I understand the risks in having my child participate in activities of an active, outdoor nature. These activities include, but are not limited to, traveling, general camping, swimming, and risks associated with trip specific activities. However, I feel that the added risk associated with these activities is acceptable because of the benefits to my child and understand that I and my child will be required to sign an Acknowledgement and Assumption of Risk, Waiver and Release of Liability form prior to each Wander Wisconsin trip for which my child is registered.
4. I understand I will need to complete an Authorization to Administer Medication Form for WANDER WISCONSIN camp staff to be able to direct my child to use sunscreen and insect repellent as well as administer prescription medications and/or over the counter medication. I understand that I will be asked to pre-select and pre-authorize those products and protocols that will be made available to my child as determined by Wander Wisconsin staff.
5. I give consent for my child to be transported to and from the trip destination as well as any scheduled program activities for which transportation is provided.
6. I give permission to have my child appear in any media coverage approved by WANDER WISCONSIN.
7. I understand I will need to choose the appropriate swim level for my child on the Swim Level Permission Form. If required, I agree to provide WANDER WISCONSIN with a valid Red Cross Level IV swim card or the equivalent.
8. I will submit a completed Health Exam Form as provided by Wander Wisconsin. This form requires written proof of a physical exam by a licensed physician no more than twelve months prior to my child's trip. Additionally, I will provide Wander Wisconsin with all requested health history information.
9. The first trip of the year is probationary. I understand WANDER WISCONSIN reserves the right to deny participation in subsequent trips due to behavior or special needs which cannot be accommodated in the camp setting. I further understand that removal of a camper during any trip will be the decision of the WANDER WISCONSIN Director. I understand that any expenses incurred as a result of my child's removal from a trip will be my responsibility.
10. Personal gear is the responsibility of participants at all times.

I/We understand and agree to abide by the above policies.

Printed name of mother or guardian

Printed name of father or guardian

Signature of mother or guardian / Date

Signature of father or guardian / Date