

Camp Dates: July 18-23, 2023

Dear Families,

We are excited to offer Oscar's Teen MS Camp 2023! Please complete the entire registration and return it to us by either scanning and emailing it to oscar@mroscarmonkey.org, or by mailing it to:

**Mr Oscar Monkey
N1462 510th Street
Menomonie, WI 54751**



In order to be considered complete, your registration package must include ALL signed consent forms in addition to the general information application and a \$35 nonrefundable deposit (check or online payment at paypal.me/mroscarmonkey).

The deadline for all completed registration is **June 15, 2023**.

The medical page (to be filled out by a medical professional) is due by **July 1, 2023**.

The age requirement for Oscar's MS Camp is **13 through high school graduation**.

Transportation will be provided between the Minneapolis/St Paul (MSP) Airport and camp.

Camp personnel will include staff and volunteers from Oscar the MS Monkey. Staff will be on-site throughout the week.

Oscar's Teen MS Camp has been made possible through private and corporate financial donations.

If you have any questions, please email oscar@mroscarmonkey.org or call 651-233-4636 (Emily).

We are excited to see you at Oscar's Teen MS Camp!

Oscar the MS Monkey

Registration Checklist

- Contact Information
- General History
- Insurance Information
- Permissions Page
- Medical Summary (Due July 1)
- Camper Contract
- Falcon Center Waiver
- Signed mitigation plan
- NOTE: OTHER FORMS MAY BE EMAILED TO YOU AS ACTIVITIES ARE ADDED**

Travel Note:

Arrivals: Please schedule arrival on July 18 between 12pm-4pm

Departures: Please schedule departure on July 23 between 10am-2pm

***We will be in touch regarding travel arrangements after camp registration is received**



Oscar's Teen MS Camp

Contact Information

Camper Name _____

Camper Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent's cell phone _____

Name of parent/guardian that camper lives with: _____

Parent/guardian email address _____

Camper's email _____ Camper's cell phone _____

Emergency contact (other than a parent- must be over 18 years)

Name	Relation	Phone
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Address _____

T-Shirt Size (please circle one): Small Medium Large Extra Large XXL XXXL

General History

Please list any diet restrictions, food allergies, or preferences:

***We do have options for vegetarian or gluten-free diets, but we must request them in advance. If you need any special meal accommodations, please list here, and we will contact you to discuss specifics.**

List any other medical challenges (such as other medical diagnoses, allergies, asthma, hay fever, etc):

List any drug allergies: _____

Please explain your system for giving/taking medications (oral, injection, etc): _____

If your child has had seizures, please describe the type of seizure: _____

If yes, when was the date of the last seizure? _____

Would your child benefit from extra support or supervision while at camp? This may include behavioral support, mobility support, etc. Please explain: _____

Is there any other information that will help us care for your child?

Authorization for Oscar the MS Monkey 501(c)(3) to provide medical, dental, and surgical treatment.

Camper name _____ DOB _____

In the event that I am not available, I give Oscar the MS Monkey staff permission to authorize emergency care and treatment for my child. Notification of the parent will always be attempted.

Signature (Parent/Guardian)

Date

Print name

Relationship

Insurance Information

Please attach a copy of the current Medical Insurance card below. This will be used in the event of a medical emergency

(front of card)

(back of card)

Permission Page

- 1) We may photograph and/or videotape your child for educational purposes? Y N
- 2) We may photograph and/or videotape your child for fundraising/marketing purposes? Y N
It is understood that these photographs and videotapes will be used to promote public understanding and support of this program.
- 3) May we photograph or videotape your child for distribution within camp attendees, as “memories” of camp? Y N
- 4) May we transport your child between lodging and program venues? Y N

Mandatory Parent/Guardian signature

Date

Medications

Each family should send all medications and other supplies necessary for their child while at camp. The medications will be stored and administered as directed by you. Medications must be sent in the original container, with original labels. Please make sure to include any “premedications” that you may use for your child.

Are there any drug allergies? _____

Medication Name	Dose	Route	Frequency	Time/Day

Have you received a COVID Vaccine, or will you before July 18, 2023? Yes: Date _____ No

Proof of vaccination:



Medical Summary: To be completed by treating physician.

DUE JULY 1, 2023

Name of camper _____

Date of Birth _____

Diagnosis _____

Date of Diagnosis _____

Any other medical conditions or other medical diagnoses we should be aware of?

Medications _____

Allergies _____

Current Medical Status, please include cognitive status and any physical limitations.

Do you have any concerns about this individual's ability to participate in a camp program?

Do you have any other information that might be helpful for us to make this a positive experience?

Please provide the name and contact information for the physician we may contact if needed, during the camp session

Physician name: _____

Physician phone: _____

Physician's signature: _____



Camper Contract

- Each camper and staff will be treated with courtesy and respect.
- Each camper and staff will comply if asked to wear a face mask for any given activity.
- Smoking and the use of alcohol and other controlled substances will NOT be permitted at any time during the camp week.
- There will be no mixed genders in private areas. Males and females may socialize in common areas only and with adult supervision.
- At night, the bedroom door may be closed, but must remain unlocked.
- Each night, a curfew will be set at which time we request all participants be in their bedrooms.
- The purpose of the week is to meet and socialize with other teens with MS. Therefore, cell phones may not be used during group activities. Calls may be placed during specific times, but are expected to be off during events, and after ‘curfew.’
- In the event of a family emergency, call 651-233-4636 or 651-208-3999

COVID Mitigation Plan 2023

All campers and their families are notified of the following:

We recognize there is still an increased risk for contracting COVID19. As such, we continue to take direction from the CDC on current recommendations to address COVID19 concerns, regarding Oscar’s Teen MS Camp. That said, we simply ask that if your camper is sick, they do not attend Oscar’s Teen MS Camp. If your camper becomes sick during camp, we will contact parents to discuss further steps, which may ultimately lead to departing camp early.

If you have any questions regarding Oscar’s Teen MS Camp and COVID19, please call Emily 651-233-4636 or Andrea 651-208-3999

By signing below, I agree to follow the rules of the camp. **I understand that if I do not follow the camp rules, I will be sent home, at my own expense.**

Signature of camp participant

date

Signature of parent

date

Gear List

Shorts
Sweatshirt/windbreaker
Pajamas
Closed toe shoes/sneakers
Hat
Sandals
Beach towel
Sunglasses
Raincoat
Bathing suit
Toiletries
Personal items
Duffel bag/backpack
All medications
Extra room in your bag- you will get goodies from camp!

Linens (pillow, pillow case, sheets, towels, and a blanket) are provided

All liquids (shampoo, conditioner, toothpaste, sun screen, bug spray, hand sanitizer, etc) are provided

Campus Recreation - Falcon Center
Falcon Outdoor Adventures, Fitness Center, Hunt Arena, Knowles Field House

Agreement for Assumption of Risk, Indemnification, Release & Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the Campus Recreation Programs at the University of Wisconsin – River Falls. I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT THE CAMPUS RECREATION PROFESSIONAL STAFF AT TELEPHONE NUMBER: 715-425-4289.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in Campus Recreation Programs. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ **Date:** _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin- River Falls, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-River Falls, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ **Date:** _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ **Date:** _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-River Falls and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ **Date:** _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ **Date:** _____

*If your son, daughter or ward will be under 18 while participating in Campus Recreation Programs at the University of Wisconsin – River Falls, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.