

**Camp Dates: July 16-22, 2021**

**Dear Families,**

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We are excited to offer Oscar's Teen MS Camp 2021 (unless things change due to COVID)! Please complete the entire registration, and return it to us by either scanning and emailing it to [oscar@mroscarmonkey.org](mailto:oscar@mroscarmonkey.org) or by mailing it to us:

**Mr Oscar Monkey**  
**N1462 510th St**  
**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](https://paypal.me/mroscarmonkey))**

The deadline for all completed registration is **June 15, 2021.**

The medical page (to be filled out by a medical professional) is due by **July 1, 2021.**

The age requirement for Oscar's Teen Adventure Camp is **13 through summer after 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](mailto: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
- Permissions Page
- Insurance Information
- Medications + Proof of COVID Vaccination
- Medical Summary (Due July 1)
- Camper Contract
- Kayaking Waiver
- Falcon Center Waiver
- Signed mitigation plan

### **Travel Note:**

**Arrivals: Please schedule on July 16 between 12pm-4pm (ONE DAY BEFORE CAMPERS ARRIVE)**

**Departures: Please schedule on July 22 between 10am-2pm (Unless staying for the Young Adult Retreat)**

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



**Oscar's Teen MS Camp**

**Contact Information**

Mentor Name \_\_\_\_\_

Mentor Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_

Mentor's email \_\_\_\_\_

**Emergency contact (Must be over 18 years)**

\_\_\_\_\_

Name

Relation

Phone

\_\_\_\_\_

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:

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**\*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 problems (such as other medical diagnoses, allergies, asthma, hay fever, etc):

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List any drug allergies: \_\_\_\_\_

Please explain your system for giving/taking medications: \_\_\_\_\_

If you have had seizures, please describe the type of seizure: \_\_\_\_\_

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

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

Mentor 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 me. Notification of the emergency contact will always be attempted.

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Signature

Date

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Print name

**Permission Page**

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

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Mandatory Mentor Signature

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Date

**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)

## 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

**To attend camp in 2021, all campers, staff, and volunteers will be required to be vaccinated against COVID-19, OR follow testing protocol (14 day self-quarantine before camp, negative COVID test within 48 hrs prior to camp arrival, daily screening, and test 3-5 days after departing camp).**

Have you received a COVID Vaccine, or will you before July 17? Yes: Date \_\_\_\_\_ No

Proof of vaccination:



**Medical Summary: To be completed by treating physician.**

**DUE JULY 1, 2021**

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 in the event of a problem during the camp session

\_\_\_\_\_

Physician name: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Physician's signature: \_\_\_\_\_



## Camper Contract

- Each camper and staff will be treated with courtesy and respect.
- Face masks must be worn properly at all times unless eating or in a room alone
- To attend camp in 2021, all campers, staff, and volunteers will be required to be vaccinated against COVID-19, OR follow testing protocol (14 day self-quarantine before camp, negative COVID test within 48 hrs prior to camp arrival, daily screening, and test 3-5 days after departing camp).
- 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.’
- We recognize that parents may be anxious and may wish to contact their children. Accordingly, you may call the “camp cell phone” 651-233-4636

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

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Signature of camp mentor

date



## COVID Mitigation Plan 2021

### **All campers and their families are notified of the following:**

Per CDC guidelines, attending Oscar's Teen MS Camp is considered high risk, because our campers come from separate geographical locations. We have established a mitigation plan to reduce the spread of COVID19 including requiring all campers, staff, and volunteers to be fully vaccinated against COVID19 (ideally), or present a negative COVID test within 48 hours of arriving at camp. **Knowing the following plans are in place and will be followed, campers/parents will not hold Oscar the MS Monkey or UWRF responsible in the event of COVID illness.**

- **Do you have at least one campus designee that serves as a liaison between the program and the UW-System Institution?**

Our liaison between Oscar's Teen MS Camp and the UW-System Institution is Emily Blosberg  
651-233-4636

- **Do you have at least one designee in your program to whom parents, campers, and staff can go if they have questions regarding the program for which your camper is registered, as it relates to COVID-19?**

Both Andrea Blosberg 651-208-3999 and Emily Blosberg 651-233-4636 may be contacted with questions regarding Oscar's Teen MS Camp as it relates to COVID-19

- **How do you inform participants, parents, and staff of existing and new protocols?**

Our mitigation plan is included in the camp registration packet. If new protocols are established after the camp registration packet is published, that information will be found on our website ([www.mroscarmonkey.org](http://www.mroscarmonkey.org)), will be communicated through email, and an updated version of the registration packet will be published.

- **What is your communicable disease protocol plan?**

- Prior to Camp:

- Ask campers/staff arrive healthy
- Collect/review health history
- Order supply of PPE (gloves, masks, sanitizers, cleaners)
- Require proof of vaccination OR follow testing protocol (See "What are your daily COVID-19 testing protocols)

- During Camp:

- Orient staff/campers to illness-reducing strategies
- Conduct daily health screenings

- Intervention During Camp:

- Identify symptoms and illness as soon as possible
- Contact support services needed (food services, isolation dorm, communicate with parent/guardian)

- After Camp

- Receive COVID tests results from those not vaccinated against COVID19, and communicate to camp families of any known COVID cases

- **What are your daily Covid-19 Testing Protocols?**
  - All campers and staff who are fully vaccinated must show proof of vaccination
  - Those who are not vaccinated:
    - must self-quarantine for 14 days before coming to camp
    - must present a negative COVID test 48 hours prior to arriving at camp
    - will be screened throughout the camp program
    - must get tested for COVID 3-5 days after returning home.

Each day, all campers, staff, and contractors will have their temperature taken, and screened for common COVID symptoms. If they present 2 out of the 5 symptoms (fever, cough, sore throat, loss of taste/smell, difficulty breathing), they will be moved to the isolation dorm, and transportation home will be arranged with their parent/guardian within 24 hours.

- **What is your sanitization plan for before, after, and during programming? Who will you assign to do said tasks? Will participants be asked to sanitize items themselves?**
  - All areas will be cleaned and sanitized after each group activity, and at the end of the day.
  - We will use disinfecting products on surfaces including door knobs, table tops, chairs, faucets, etc.
  - Bathrooms will be cleaned daily, and campers will be assigned to one restroom.
  - Snacks will be individually wrapped items.

- **What PPE and cleaning products will you use?**

All campers, staff, volunteers, and outside contractors will be required to wear a face mask during camp activities, transportation, and when around other campers. Hand washing will be required before and after every scheduled activity (activities, meals, free time, etc.). Additionally, hand sanitizer will be available throughout every day.

Door handles, faucets, and other surfaces will be sanitized at the beginning/middle/end of the day. Games, and other materials will be sanitized appropriately before and after each use. Products used may include Clorox, Mrs Myers, Lysol, and Bleach.

Staff handling food and snacks will wash hands and then put on clean gloves to distribute food packages.

- **What is your participant, staff, and contractor screening protocol plan?**

Each day, all campers, staff, and contractors will have their temperature taken, and screened for common COVID symptoms. If they present 2 out of the 5 symptoms (fever, cough, sore throat, loss of taste/smell, difficulty breathing), they will be moved to the isolation dorm, and transportation home will be arranged with their parent/guardian within 24 hours. If staff are local, they will be sent home.

- **How will you communicate mask mandates to participants, staff, parents, and contractors?**

All campers, staff, volunteers, contractors, and any other persons associated with Oscar's Teen MS Camp will be required to properly wear a face mask unless in a room alone, eating, or sleeping. Extra face masks will be provided.

- **What is your grouping and staffing plan to limit transmission?**

- Campers/staff will be assigned to the bathrooms in their respective dorm hallway.
  - Campers/staff will be assigned a vehicle for transportation to/from field trips.
- **What is your plan for participant drop-off and pick-up?**  
Check-in for camp will be done outside. Camp mentors (counselors) will assist in bringing campers belongings to their assigned room. On departure day, campers' belongings will be brought outside so when their ride arrives, they will not need to go into the building. Parents will not be allowed into the building at drop-off or pick-up. Parents and campers must plan their good-byes at the door.
  - **How will you keep track of who is allowed to pick up each participant?**  
The registration packet has a section that requires parents to detail their drop-off and pick-up plans, which include individuals with whom the camper should go at the end of camp. Those details include airline information or personal arrival information, if coming by car. Those plans will be clearly defined before camp arrival day.
  - **What is your plan for performing an initial health screening upon participant arrival?**  
Upon arrival to camp, campers and staff must present proof of vaccination, or a negative COVID test, conducted 48 hours prior to camp arrival. Additionally, temperatures and symptom screening will be conducted before bringing their belongings to their room.
  - **Does your campus have an escalation matrix that will determine the continuation of operation in the case of confirmed COVID-19 cases?**  
If more than 3 campers, staff, or a combination of campers and staff, are determined to need to be quarantined because of Covid-19 related symptoms OR if there is one confirmed case of Covid-19 within the camp community, camp will come to an end and all campers and staff will need to vacate the dormitory and return to their home within 24 hours. Campers will be placed in quarantine in their respective dorm rooms until travel arrangements have been secured.

**By signing below, I agree to the above mitigation plan, designed to reduce the spread of COVID19 during Oscar's Teen MS Camp. I will abide by the above policies and procedures. If not, I will be sent home at my own expense.**

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**Mentor Signature**

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**Date**

**Gear List**

10+ Face mask(s)  
Long pants  
Shorts  
Sweatshirt/windbreaker  
Pajamas  
1 pair long socks  
Closed toe shoes/sneakers  
Hat  
Sandals  
Beach towel  
Sunglasses  
Raincoat  
Bathing suit  
Toiletries  
Personal items  
Duffel bag/backpack  
Flashlight  
Sun screen  
All medications (to be turned into the camp nurse)

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

**1. Definitions.** The person who is taking part in kayaking, paddling or any other form of boating shall be referred to as "Participant." The "Undersigned" means only the Participant when the Participant is age 18 or older OR it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18. "Released Parties" mean Minnesota Board & Boat/Kinni Kayak and d/b/a Minnesota Board & Boat/Kinni Kayak and their respective successors in interest, affiliated organizations and companies, insurance carriers, agents, employees, representatives, assignees, officers, directors, members, and shareholders. The "Activity" means kayaking, paddling, or any other form of boating.

**2. Risks of Activity.** The Undersigned agree and understand that taking part in the Activity can be HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH. The Undersigned acknowledge that the Activity is inherently dangerous and fully realize the dangers of participating in the Activity. The risks and dangers of the activity include, but are not limited to: negligent supervision; improper instruction; equipment malfunctions and defects; collisions; speed; man-made and natural obstacles and/or obstructions; wild life; falling objects; encounters with motor vehicles; variations in terrain; surface or sub surface conditions; timber; forest growth; rocks; slides; elevation; poor footing; becoming lost or separated; lack of shelter; changing weather conditions; storms, lightning, hail, snow and other adverse weather; hypothermia; lack of training; choice of course; changing water conditions; cold water immersion; hidden underwater obstacles; trees or other above water obstacles; slippery terrain; changing and unpredictable currents; rapids; drowning; exposure; swimming; overturning, improper use of equipment; entrapment of feet or other body parts under rocks or other objects; equipment failure; dehydration; sunburn; traveling to and from the Activity site; and negligence of others.

The Undersigned acknowledge that the description of the DANGERS AND risks listed above IS not complete and that participating in the Activity may be dangerous and may include other risks, including, but not limited to the acts, omissions, representations, carelessness, and negligence of the Released Parties. RECOGNIZING THE RISKS AND DANGERS, THE UNDERSIGNED UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE FOR PARTICIPANT TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE PARTICIPATION IN THE ACTIVITY, WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, INHERENT, OR OTHERWISE.

**3. Release and Indemnification:** In consideration of the Participant being permitted to rent or use the Equipment, or participate in the Activity, the Undersigned (a) unconditionally release, forever discharge, and agree not to sue the Released Parties from and for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the Activity, including, but not limited to claims of negligence, breach of

warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agree to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the Activity.

**4. Minor Acknowledgment.** By signing this Agreement without a parent or legal guardian's signature, Participant, under penalty of fraud, represents that he/she is at least 18 years of age. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

**5. Miscellaneous.** The Undersigned agree: (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this Agreement shall be governed by the laws of the State of Minnesota, and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Hennepin County, Minnesota; and (c) this agreement shall be binding upon the successors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

**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.

**Mentor Application:**

Please answer the following questions to be considered for a mentor position for Oscar's Teen MS Camp, and include your answers with your completed application.

Why have you applied to become a camp mentor? What is something unique you would bring to camp?

What will you do to continue your mentor duties after the completion of Oscar's Teen MS Camp 2021?

As part of the mentor application, we must run a background check on all mentors. Do you consent to us running a background check on you? If so, please sign below:

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Signature

Date