

Oscar's Teen MS Camp

July 16 - 21, 2024 University of Wisconsin, River Falls

Ages 14 - 18 with MS or a similar diagnosis



Fly in/out of Minneapolis/St Paul

"I can't remember the last time I laughed as hard as I have the past few days. I have never felt as accepted as I have here."- 2023 Camper

# For Teenagers with MS



To register, go to: www.mroscarmonkey.org

Cost: \$35

Questions? oscar@mroscarmonkey.org

## Activities Include

MS Education: MS101, disability awareness, school accommodations, transition from pediatric to adult care

Healthy Cooking: Learn healthy and delicious recipes

**Community Service:** Benefiting the greater pediatric MS community

Adventure Activities: Rock climbing, Kayaking, Pottery, Yoga, and more!

Emily Blosberg, Executive Director 651-233-4636 <u>oscar@mroscarmonkey.org</u> www.mroscarmonkey.org





## Camp Dates: July 16-21, 2024 Dear Families,

We are excited to offer Oscar's Teen MS Camp 2024! Please complete the entire registration and return it to us by either scanning and emailing it to <u>oscar@mroscarmonkey.org</u>, 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 <u>ALL</u> 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 14**, **2024**. The medical page (to be filled out by a medical professional) is due by **July 1**, **2024**. The age requirement for Oscar's MS Camp is **14 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 <u>oscar@mroscarmonkey.org</u> 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
- **D** Permissions Page
- □ Medical Summary (Due July 1)
- **C**amper 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 16 between 12pm-4pm

Departures: Please schedule departure on July 21 between 10am-2pm

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



## Oscar's Teen MS Camp Contact Information

Uscar	Camper Name			
The MS Monkey	Camper Date of	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
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/Gu	ardian)
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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)

## 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? It is understood that these photographs and videotapes will be used to promote public understanding and support of this program.	-	N
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	Ν

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



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

## **DUE JULY 1, 2024**

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 2024**

#### 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

#### <u>Gear List</u>

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 <u>Campus</u> <u>Recreation Programs</u> at the University of Wisconsin – <u>River Falls</u>. 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: <u>715-425-4289</u>.

#### 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 <u>Campus Recreation Programs</u>. 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- <u>River Falls</u>, 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-<u>River Falls</u>, and their officers, employees, 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-<u>River Falls</u> 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 <u>Campus Recreation Programs</u> at the University of Wisconsin – <u>River Falls</u>, it is our policy to request your agreement to the above terms, on behalf of your minor son, daughter or ward.

#### Minnesota Kayak Company/Kinni Kayak Summer Release Agreement

Read Carefully. This is a release of liability and waiver of legal rights.

**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 Kayak Company/Kinni Kayak and d/b/a Minnesota Kayak Company/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 LIMITED TO NOT 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 PARTICPATION 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.

#### <u>I HAVE CAREFULLY READ THIS AGREEMENT AND</u> <u>UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM</u> 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