

**Retreat dates: July 18-23, 2023**

**Dear Young Adults,**

We are excited to announce Oscar's Young Adult Retreat will be taking place

**July 18-23, 2023!** The retreat will be held in River Falls, WI.



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 Street**  
**Menomonie, WI 54751**

**In order to be considered complete, your application package must include ALL signed consent forms, in addition to the general registration information and a \$35 registration fee.**

**Nonrefundable payments can be either mailed to Mr Oscar Monkey or made online at [paypal.me/mroscarmonkey](https://paypal.me/mroscarmonkey). In the event of cancellation, the registration fee can be deferred to future events.**

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

The age requirement for Oscar's Young Adult Retreat is **high school graduation year 2022, through age 25**.

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.

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 Young Adult Retreat!**

Oscar the MS Monkey



**Oscar's Young Adult Retreat**

**Contact Information**

Participant Name \_\_\_\_\_

Participant Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email address: \_\_\_\_\_

**Emergency contact**

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 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):

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

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

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

If yes, what was the date of your last seizure? \_\_\_\_\_

Is there any other information that will help us care for you, if the need arises?

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

Participant name \_\_\_\_\_ DOB \_\_\_\_\_

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

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Signature

Date

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Print name

**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) May we photograph and/or videotape you for educational purposes?   | Y | N |
| 2) May we 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 retreat attendees as “memories” of the retreat?   | Y | N |
| 4) May we transport you between lodging and program venues?   | Y | N |

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Mandatory Signature

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Date

## **Participant 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.
- 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 young adults 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.’
- Because this camp is concurrent with Oscar’s Teen Camp, all adult participants will be required to have a background check completed by Oscar’s Crew.

**Please sign here to authorize this background check** \_\_\_\_\_

- 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 Young Adult Retreat 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 \_\_\_\_\_

**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.