

# Teen Sib Leadership Camp 2016

July 28 1:00 PM — July 31 11:00 AM

Presented by WisconSibs, Inc in collaboration with the DC Adventure Center (Sturgeon Bay)

*Devil's Lake State Park—S5975 Park Rd.—Baraboo WI 53913-9299*

This year WisconSibs, Inc is partnering with the DC Adventure Center (also known as the Team Leadership Center) of Sturgeon Bay to make **Teen Sib Leadership Camp** available to kids ages 14 and older who have siblings with disabilities.

The camp takes place at Devil's Lake State Park and is a great opportunity for older teen siblings of kids with disabilities to have some serious fun making friends with other sibs and learning leadership skills. Tent camping, campfire cooking, hiking, exploring the outdoors, and lots of other adventures are all designed to focus on achieving your personal goals, problem-solving, leadership, and fun.

Camp has a limited number of slots available. To participate, **all forms along with the registration fee should be submitted by June 1. Staff will confirm your reservation with an email or phone call.**

## WHAT'S INCLUDED

All meals /snacks  
Unique camping experience at Devil's Lake  
Backpacking & Camping Gear  
Supplies for activities and games  
Certified DC Adventure Center Guides\*  
Life long memories!

## DROP OFF ON JULY 28

Meet at the Visitor's Center at 1:00 PM  
There your camper will meet the DC Adventure guides (1 male/ 1 female)

## PICK UP ON JULY 31

Meet at the Visitor's Center at 11:00 AM  
Check out your camper

## BRING WITH YOU

\*Wilderness First Responder Cert.- CPR/First Aid-Trip Leader Endorsement- Kayak Instructor Cert., High Ropes Course Lvl 1 certificate - plus more. More information available by calling 920-746.9999

Sleeping bag or single sheet and blankets. Small pillow.	Sunglasses
Sleeping pad for comfort under your sleeping bag	Personal items: wash cloth, towel, soap, shampoo, toothbrush, toothpaste
Rain protection	Sunscreen
Tennis shoes or hiking shoes	Bug spray
Sandals or flip flops	Water Bottle
Towel	Flashlight (extra batteries)
Swimsuit	Medications in original containers marked with name and dosage
Plastic bag for wet swimsuit	Family Memento
Warm jacket, sweatshirt and pants	Camera (optional)
Socks – extra pairs	

## PLEASE CLEARLY LABEL ALL OF YOUR BELONGINGS!

## DO NOT BRING

Knives, matches, lighters, firecrackers. These or any other dangerous items will be stored away and returned to parents.

All camp staff have cell phones for emergencies. Campers will be asked to limit personal use of cell phones and other devices.

## CAMP EXPECTATIONS

1. No drugs or intoxicating beverages permitted at any time on the trip.
2. Firecrackers, matches, cigarettes and lighters are not allowed.
3. Violation of safety rules endangering oneself or other persons will not be permitted.
4. You are expected to stay with the group in which you are assigned to. Firearms and knives are prohibited.

**NOTE: IF YOU FAIL TO ABIDE BY THE RULES, YOU WILL NOT BE INVITED TO CAMP IN THE FUTURE.**

# Teen Sib Leadership CAMP 2016 ENROLLMENT FORM

Enrollment Deadline: June 1, 2016

Enrollment Form and payment required with enrollment.

Teen Sib Leadership Camp for ages 14+

Devil's Lake State Park

July 28-31, 2016

Camper Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sibling(s) with disability: \_\_\_\_\_  
(name) (age) (primary diagnosis or description)

\_\_\_\_\_   
(name) (age) (primary diagnosis or description)

***I have read the Teen Sib Leadership Camp Expectations and agree to comply with them. Also, I understand that the registration fee and camp health report form is due no later than June 1, 2016. If I do not have the registration fee and health form in by June 1, my name may be removed from the registration list.***

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent/Guardian

Fee for Teen Leadership Camp (14+) \$ \_\_\_\_\_ 400.00

Minus FIRST TIME LEADERSHIP CAMPER DISCOUNT — \_\_\_\_\_ 200.00

**YOU PAY \$ 200.00**

Check (payable to: WisconSibs)  Credit Card (Visa or Mastercard only)

Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Signature \_\_\_\_\_

**Individuals and businesses in our community have made it possible to keep fees as low as possible for all campers. Additional scholarships are available on a first-come, first-serve basis. If you need additional financial support in order to attend, simply note how much you are able to contribute to the total fee and enclose that amount. You will be notified only if we are NOT able to accommodate your request.**

I need a scholarship in order to attend  I've enclosed \$ \_\_\_\_\_

Send to: WisconSibs, Inc.  
Attn: Harriet Redman  
211 E Franklin St. Ste #C  
Appleton, WI 54911

# TEEN SIB LEADERSHIP CAMP

## Participant Health Form

The information that is being requested will provide you with the proper care while at Teen Sib Leadership Camp. All information will remain confidential.

Camp Date - July 28-31, 2016

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Email(s) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Medications currently taken \_\_\_\_\_

Date of most recent tetanus booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you currently have any of the following medical conditions? Check if yes

Asthma \_\_\_\_\_ Current Breaks \_\_\_\_\_ Current Sprains \_\_\_\_\_

Diabetes \_\_\_\_\_ Food Allergy \_\_\_\_\_ Heart Condition \_\_\_\_\_

Other \_\_\_\_\_

Explain briefly any conditions that are checked.

\_\_\_\_\_  
\_\_\_\_\_

Any other medical conditions which may affect your participation in any physical activity?

\_\_\_\_\_  
\_\_\_\_\_

Your signature indicates that the information provided is accurate and current.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# SIB LEADERSHIP CAMP PERMISSION STATEMENT

I understand that first aid will be available for this camp, that my child, \_\_\_\_\_, will be closely supervised, and that if a serious illness or injury develops, medical/or hospital care will be given. However, the staff is not responsible in case of accidental injury or illness. I further understand that in care of serious injury or illness, we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by the attending physician.

I hereby grant permission for the child named on this registration form to enroll in the Sib Camp. I also agree to not hold WisconSibs, Inc or the Team Leadership Center responsible or liable for any personal injury or accident while attending camp.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

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## SIB LEADERSHIP CAMP

### CONSENT FOR FILMING, SOUND RECORDING OR PHOTOGRAPHING

I, \_\_\_\_\_  
(Guardian/Parent/Volunteer)

hereby consent to the:

\_\_\_\_videotaping of

\_\_\_\_sound recording of

\_\_\_\_photographing of

\_\_\_\_news coverage of

\_\_\_\_\_  
(Name(s) of Children)

for the purpose of community education and awareness. This consent applies only to recording data during camping taking place July 28-31, 2016.

Do you give your permission for your child's name and photo to be placed in a SIB CAMP directory with the listings of other siblings. (Please circle) YES NO

I give my permission for the recorded events to be shared with the community.

\_\_\_\_\_  
Signature of legally authorized guardian/parent/volunteer

\_\_\_\_\_  
Date (mo/day/yr)



# Liability Release

## Assumption of Responsibilities and Risks

### What are Risks?

The Team Leadership Center instructors are skilled and experienced and will make every effort to minimize exposure to known risks associated with the activities. However, they cannot guarantee total protection from all risks. Different program components carry different levels of potential risks, which are not just limited to losses of a physical nature. The risks may be social or emotional in nature, as well. Although injuries can and do occur in adventure education programs, it has been determined that participants in an adventure program have less injuries than do participants in school sports, recreation or physical education programs.

### What are my Responsibilities?

Safety begins with you. For this to happen you must learn and follow all safety rules and your leader's instructions. You must use common sense and a questioning attitude and make your instructors aware at any point during an activity in which you question your knowledge of the safety rules or your ability to participate.

My signature below indicates that:

I \_\_\_\_\_ have read all the information presented in the above paragraph and understand and agree to accept the risks and responsibilities associated with participating in the Team Leadership Center program.

I understand that some of the program components may involve strenuous physical activity, that participation in any activity is voluntary and that I am physically able to participate in any activity in which I choose to do so.

I have provided complete, up-to-date, accurate health information for the Team Leadership Center and I will notify the Team Leadership Center instructor regarding any changes in my health or fitness during the program. In the unlikely event of an illness or injury, I give my consent to the Team Leadership Center to administer first aid and to secure professional medical services as needed.

Furthermore, I hereby personally assume all risks in connection with said activity and I further release the Team Leadership Center, Inc., Wagon Trail, Inc., Wagon Trail Land Co. LLC and the Wisconsin DNR, their owners, officers, directors, employees, agents and volunteers for any injury or damage which I may suffer while I undertake the above referenced activity, including all risks connected therewith, whether foreseen or unforeseen, which may result in injury, death, or other damages to me or my family, heirs, or assigns; and, further, I agree to save and hold harmless the Team Leadership Center, Inc., Wagon Trail, Inc., Wagon Trail Land Co. LLC and the Wisconsin DNR, their owners, officers, directors, employees and agents from any claim by me or my family, estate, heirs or assigns, arising out of my enrollment and participation in the above mentioned activity. In addition, I give my consent to the Team Leadership Center, Inc. to use any photographs that are taken during said program for marketing and advertising.

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Signature of Parent or Guardian

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Date