

Wolf Camp & School of Natural Science

Fillable PDF Registration Form (or use our fillable Microsoft Word or Google Doc)

Camps, workshops and apprenticeships for the neighborhood naturalist, herbalist, tracker, survival scout, traditional artisan, sustainable citizen and environmental educator. Issaquah Day Camps at Lake Sammamish State Park & Hans Jensen Group Camp, 4460 East Lake Sammamish Pkwy SE.

Puyallup Day Camps at Clark's Creek Park & Home Office of Blue Skye Farm: 1026 14th Street SW • 425-248-0253 www.WolfCamp.com

Complete one copy per participant and send to blueskyefarmschool@gmail.com. Fields are fillable: click or tap into any blue box and type.

1. Participant Information

Participant Legal First-Middle-Last Name	
Nickname	
Birth Year / Month / Date	
Age at time of first Wolf Camp	
Female / Male / Other Pronouns	
Participant Cell Phone, if any	
Participant Email Address, if any	
Primary Physical Address	
City & Zip Code	

2. Parent / Guardian and Emergency Contacts

Primary Parent or Legal Guardian	
Primary Guardian Email	
Primary Guardian Cell Phone	
Home / Work Phone, if you want us to have:	
If another Parent or Legal Guardian at same address, please provide first and last name:	
Other Parent/Guardian Cell Phone:	
Other Parent/Guardian Email, if wanting camp updates:	
Participant 2nd Home Address, if any:	
Primary Parent/Guardian at 2nd Address:	
Schedule at 2nd Address:	
2nd Address Parent/Guardian Cell Phone:	
2nd Address Parent/Guardian Email, if needing camp updates:	
Other Authorized Parent/Guardian at 2nd Address:	
Other Authorized Parent/Guardian Cell and/or Email, if needing camp updates:	
Other Emergency Contact Name:	
Emergency Contact Location:	
Emergency Contact Cell Phone:	
Emergency Contact Relationship to Participant:	

4. Program Selection, Parent Location & Pickup Authorization

Camps/Programs & Dates Requested *(in your first year attending)*

Who may pick up your child if minor: *(list all family, guardians, friends and carpool parents allowed to check participant out, and if child under 15 is allowed to check themselves out, then provide clear description of how and when along with additional signature)*

Primary Parent/Guardian Location(s) during camp:

4. Group Placement Requests & Referrals

Group placement instructions *(friends/siblings/cousins attending at the same time, together/separate preference, older/younger group preference, and any relevant learning-style notes)*

Where you heard about Wolf Camp / referral source

Contact info for persons or parties newly interested in Wolf Camp

5. Program Payments

Deposits: To secure enrollment in programs, provide a deposit of any amount via the following methods: (if you haven't already)

- Zelle to blueskyefarmschool@gmail.com (with the "e" on skye) is free for both parties. Almost all banks and credit unions offer this simple electronic transfer.
- Venmo to @Chris-Chisholm-13
- PayPal to blueskyefarmschool@gmail.com but please consider adding 3% using this method whether or not you use your credit card or PayPal account balance because PayPal charges us a fee either way;
- Call with Card: 425-248-0253 and we will run the transaction securely.
- Send Check payable to Wolf Camp, 1026 14th St SW, Puyallup WA 98371, the home office at Blue Sky Farm which is not the address for summer camps.

Balances: To pay remaining balance before arrival, use any method above. To pay upon arrival, bring a credit card, make electronic transfer using methods above, or write a check (but please note, it may be a couple weeks before we get a chance to deposit it)

To enroll in additional or future programs, provide new deposits indicating the name and date of program(s). New registration form will not be needed, but we will ask for changes to health history and annual liability release signature upon arrival at program.

6. Health History

Complete fully. Attach instructions for recurring or likely problems. For anything not applicable, enter "none" in the field.

Participant Name:	
Current or Past First Aid or Medical Training of parent and/or participant	
Health Insurance Company:	
Health Insurance #	
Deductible and other restrictions in case of hospital visit	

Allergies and/or Asthma *(allergen, reactions and care instructions)*

--

Past Back/Spine/Head Injuries *(include care instructions)*

--

Past Sprains, Fractures, Dislocations *(include care instructions)*

--

Past Heat/Cold Injuries & Susceptibility To Sunburn *(include care instructions)*

--

Past Fainting/Seizures/Convulsions *(include care instructions)*

--

Abdominal/Intestinal/Menstrual History & Concerns *(include care instructions)*

--

Diet Requirements & History *(required for overnight programs)*

--

Current Medications *Name, condition, drug, and how participant or Wolf Camp staff should administer.*

--

Eye/Ear Aids/Lenses

--

Swimming Comfort & Ability

--

Vaccination Status including Tetanus/TDAP *(answer is required; if not up-to-date by time of program, please request exemption form)*

--

Date of last medical check-up and result *(please consider new check-up if none in past few months to ensure doctor okays Wolf Camp activities)*

--

Other Past Medical Conditions/Limitations *(diabetes, hypoglycemia, cardiac, kidney/urinary, mono, dizziness, headaches, chronic fatigue, hepatitis, HIV, coughing, communicable diseases or other illness)*

--

Mental or Emotional Health Concerns *(please expand on the concerns on our parent/participant questionnaire found on second-to-the-last page)*

Additional health history notes, or attached-page summary *(or again, you can expand on needs, concerns, emotions or other conditions Wolf Camp should know using the parent/participant questionnaire on second-to-the-last page of registration form.*

7. Hold Harmless Participation Agreement, Assumption of Risk and Waiver of Liability

Please read carefully before signing:

Christopher & Kimberly M Chisholm, dba Wolf Camp, the Wolf College, Blue Skye Farm and School of Natural Science, all hereinafter known as Wolf Camp, cannot guarantee that the risks listed or implied herein won't occur. So in consideration of services of Wolf Camp, its owners, officers, agents, employees, assistants and all other persons or entities associated with this business - including third parties such as collaborators, financial contributors, and host sites / land owners and renters upon whose property this business conducts programs like the Conservation College, WA State Parks, WA DNR, WDFW, city parks, private farms and camp- grounds, etc. along with their officers, elected officials, agents and employees (hereafter known as Third Parties) - I agree as follows:

Although Wolf Camp will take reasonable steps to provide me (or my child) with appropriate support and security, certain risks cannot be eliminated without compromising the educational character of Wolf Camp programs. The same elements that contribute to this educational character can be causes of loss or damage to equipment, accidental injury or illness, or in extreme cases, permanent trauma, illness or death. I understand since its legal founding, Wolf Camp participants have experienced cuts, bruises, burns, concussion, broken bones, sprained knees and ankles, likely infections, illness including appendicitis, heat exhaustion, and sometimes some tears, despite the best efforts by staff to attend to the physical, emotional, mental, and social needs of participants. In group teaching situations, it is impossible to prevent discomfort and even trauma in every circumstance, even though it is a top priority. I trust that Wolf Camp staff wants me (or my child) to become a healthier person, but in order to facilitate the kind of education Wolf Camp intends, I agree to waive all claims of liability on the part of Wolf Camp and its Third Parties.

The lands and facilities that Wolf Camp utilize may be natural areas next to wilderness, and services can be few. Participants living in tents and in the open may be exposed to weather, venomous and wild animals, human intruders and all hazards common to living. As anywhere, the services provided, including sanitary facilities, drinking water, kitchen and food services at Wolf Camp programs are susceptible to contamination. Those who participate in Wolf Camp programs and assist in camp maintenance, food preparation and clean-up do so in good faith but assume no responsibility for accidental or incidental illness or injury that may result. Fires, knapping pit, weapons/archery range, farm animal areas, sharp tools, hazardous plants, boats, water, vehicles and other hazards expose participants to risk. There are times when participants are able to range freely within designated boundaries, go alone to their study site, pet animals, play in wooded areas which have limited visual perspective, and participate in supervised swimming and boating.

Wolf Camp owners and staff, paid and volunteer, offer their services to make programs wonderful. However, I agree they are not responsible for accidents, injuries, illnesses or losses that may come as a result of my (child's) participation. I understand that the description of risks is not complete and that other unknown or unanticipated risks may result in loss, injury or death. I agree to assume responsibility for all risks, even those not identified herein. My (child's) participation in Wolf Camp activities is purely voluntary. By signing below, I elect to participate in spite of the risks, listed or implied or not, and I waive all legal claims against Wolf Camp and its Third Parties. I assume full responsibility for all costs resulting from all losses and expenses thereof, whether resulting from evacuation, transport, treatment, future effect or otherwise. I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this participation agreement, assumption of risk, and waiver of liability shall be effective and binding upon myself, all family members, heirs, assigns, personal representatives, estates, interested friends and partners.

Health Insurance & Medical Treatment: I certify that the applicant named on this form is capable of participating in this activity, and that she/he/they has current, full medical coverage at all times while attending Wolf Camp activities with a deductible not to exceed \$2,000 per incident and per year. I understand Wolf Camp can direct me to affordable temporary health insurance upon request. I give full consent (for my child) to receive medical treatment deemed necessary by those responsible, whether or not reasonable attempt made to inform next of kin is successful. I will assume full financial responsibility for any cost relating to any accident or injury that may occur while participating in Wolf Camp programs. I hold all people associated with Wolf Camp harmless for any loss, accident, injury or death that might occur, and I hereby agree to release and indemnify Wolf Camp and its Third Parties whatsoever, from any claims and/or damages arising out of my (child's) participation. Qualified instructors, guides, and other facilitators associated with Wolf Camp may provide First Aid and CPR response to participants in case of injury or other health problems, including calling for professional medical assistance. I also understand that emergency medical response may not be readily available due to travel outside of 911 call areas. I agree to indicate on an attached paper any health care requests that may conflict with the training of Wolf Camp staff, and I understand that although efforts will be made to accommodate my attached requests, that persons responsible may nonetheless make "Good Samaritan" decisions that they deem best in health care situations.

Behavior & Lost Items: I will not hold Wolf Camp, Third Parties, nor any program participant responsible for articles or personal belongings lost or damaged by any means (fire, theft, activities, laundry, etc.). I know that participants may be asked to leave at any time for inappropriate behavior, and no refund nor credit will be given for the portion of the program which is missed. I will be sure to read the behavioral agreements (to my child) after registering, or view them meanwhile online. I also understand that people gathering as strangers in a common space bring with them their own politics, spirituality, and social behaviors, creating group dynamics that may be new. Wolf Camp encourages participants to be exposed to a variety of age-appropriate backgrounds, value systems and acceptable behaviors. I agree that I (and my child) will be respectful, tolerant and temperate in behaviors while participating in Wolf Camp activities. I also understand that unpredictability of human nature can't guarantee a lack of incidents on the part of other participants.

Refund & Suspension Policy: Deposits and payments are not refundable unless we don't accept your application. If you cancel for any reason, you may receive a prorated credit good through the following calendar year on appropriate and available programs listed on our schedule, although an additional deposit is needed to secure your spot in the future program. If a program you sign up for is canceled and not rescheduled at a time you can attend, you may receive a full refund except in cases of natural (weather, geologic, wildfire, etc) disasters, grid failures, epidemics, government shutdowns, conflicts or curfews, or other unforeseen emergencies making it unsafe for staff and/or attendees to reach or use program locations, in which case all payments made will be held by us without expiration date for your future use in appropriate/available programs of your choice. Reasons include the expenditure of funds (property rentals, advertising, materials, admin staff time, etc.) long before programs take place, i.e. deposits make it feasible for Wolf Camp to schedule programs in the first place, but our mutually understood agreement is that Wolf Camp will run the program at the safest available time in the future. Finally, no refund, nor credit, is given if a participant is asked to leave a program for inappropriateness as determined by our kids, youth and adult agreements for participation, so I commit to reading the agreements and (my child) adhering to them, taking full risk of (she/he/they) missing program time without refund.

Photos, Video & Recordings: I give permission for pictures, audio and video recordings (of my child) to be taken and for the sounds and images to be used for Wolf Camp advertisements, websites, social networking sites, and other program promotions or outreach, unless this

sentence is crossed out. Please note that we do try to notify participants or their parents for opt-out option if images are selected for public consumption, and whether or not the previous sentence is crossed out, we nonetheless take photos/videos of all program participants which we compile into a private electronic folder with viewing access restricted to Wolf Camp staff and participants in specific program groups - usually about 12 participants per group, although some photos may include all groups attending on the same site at the same time, and therefore be shared with all the participants in their private group folders. By signing below, I affirm that I will keep private any images of other participants that are shared with me unless I am granted written permission from those participants or Wolf Camp directors.

In consideration of all statements made on all pages of this release, and not relying on any other information stated or published by Wolf Camp or any other entity that may or may not contradict statements on these pages, I wish to (have my child) participate in the Wolf Camp activities indicated on this form or implied through program payments.

Waiver Agreement Signature(s)

Signature of Applicant if of age to understand both pages	
Date	
*Signature of Parent or Legal Guardian for dependents	
Date	

*If “signing” electronically, paste your signature or type your legal first, full middle and last name.

8. New Participant Questionnaire

Full-sentence answers to all questions are required. If registering children, complete this section together with them and have them write answers if capable.

Participant Name	
Parent/Guardian if under 18	

Why did you choose Wolf Camp & School of Natural Science and what are your (child's) goals for attending? *Skills or activities you most want to do/learn at camp, or think Wolf Camp sounds fun, or attending to be with a friend or meet like-minded people, etc.*

Describe your (child's) most positive learning experience. What made it positive, and what should happen for more students to enjoy learning?

What might be your (child's) greatest contribution to camp? *Helpfulness, inspiring others, particular outdoor or social skills, etc.*

What problems or conflicts sometimes come up with peers, teachers, or family that may surface at camp? *Include things that may affect mood, energy level, cooperation, etc.*

Relevant disciplinary actions experienced due to past behavior *Please disclose information that known in advance would help prevent problems.*

Instructions for unique physical, emotional, and social health concerns *Fear, homesickness, foster history, counseling issues, hyperactivity, sensitivities, losses, expectations, questions or anything else useful.*

Signing below indicates you guarantee that you or your child will abide by Wolf Camp Agreements for Participation.

*Signature of Applicant required for all ages	
Date	
Signature of Parent/Guardian required for dependents	
Date	

*If "signing" electronically, paste your signature or type your legal first, full middle and last name. Continue on another page if needed.

9. Safe ID

Please complete the description below, and please attach (or email to blueskyefarmschool@gmail.com) a current photo.

Height, and date when measured:	
Weight, and date when measured:	
Shoe Size, and date when measured:	
Identifying Features: Birth Mark Locations, Glasses, Braces, Etc:	
Date Photo Taken if adding below:	

Photo attachment note or filename