

Wolf Camp and the Wolf College - Cooperative Adventures in the field of Earth Skills Education
featuring the Wolf Journey Earth Skills Training Course and its field exercises, story, art and music
1026 14th St. SW, Puyallup WA 98371 cell 425-248-0253; 253-604-4681 office www.wolfjourney.com

*Thank you for your interest in Wolf Camp and the Wolf College. To ensure a safe and fulfilling time together, **please complete a separate registration form for each participant.** New campers may also receive a questionnaire and recommendation form to complete. We'll send you detailed preparatory information with your balance due, travel directions, what to bring, and more.*

Applicant's Legal Name _____ **Camp Nickname** _____

Age _____ **Birth Year** _____ **Month** _____ **Date** _____ **Female/Male** _____

Applicant Cell Phone if any (____) _____ **Email Address if any** _____

Separate Home Phone if any (____) _____ **Facebook Name/Info if okay to Friend** _____

Primary Address _____ **City** _____

State/Province _____ **Zip/Postal Code** _____ **Country** _____

If minor, name Primary Caretaker with whom we communicate _____

Email _____ **Facebook Name/Info if Okay** _____ **Other Online** _____

Cell Phone (____) _____ **Home Phone** (____) _____ **Work Phone** (____) _____

Other Caretakers at same address (indicate if step parent...) _____

Cell Phone (____) _____ **Email** _____ **Facebook Name** _____

2nd Home Address _____

Primary Caretaker At 2nd Address (please indicate if parent...) _____

Other Caretakers At 2nd Address (indicate if step parent, etc..) _____

Cell Phone (____) _____ **Home Phone** (____) _____ **Work Phone** (____) _____

Emails _____ **Schedule There** _____

Other Emergency Contact Name _____ **Location** _____

Cell Phone (____) _____ **Home Phone** (____) _____ **Work Phone** (____) _____

PARENT/GUARDIAN LOCATION DURING PROGRAM: Please note here how to contact you during camp if your location differs from the address and phone number above, or tell us later if your plans change:

Family location during your program: _____

Contact numbers during your program: _____

Important Camper Drop-off & Pick-up Information: For day camps, list the vanpool location that you are using or if you are picking up and dropping off directly at Wolf Camp. For overnight camps, list the time we should meet you at SeaTac Airport, the Amtrak or Bus Station, or if you are driving into Wolf Camp. As for pick-up afterwards, we can only allow campers 17 and under to check out of camp with the persons you list here. Please list parents, guardians, other family or friends whom you give permission to pick up your child:

Who may pick up your child: _____

Where you are meeting our instructors for the start of your program: _____

Please read carefully and sign below. Much is included here, including risks, our refund policy, permission to use photos, etc:

Hold Harmless Participation Agreement, Assumption of Risk and Waiver of Liability: Kim & Chris Chisholm, dba Wolf Camp and the Wolf College and hereafter known as Wolf Camp, has sponsored many outdoor programs over the years, and the risks listed or implied in the paragraphs below are not anticipated to be a problem, but the reality is that Wolf Camp cannot guarantee that these problems won't ever occur. So, in consideration of services of Wolf Camp, its owners, officers, agents, employees, volunteers and all other persons or entities associated with this business, including host sites and any other third parties or financial contributors such as the Western Outdoor Learning Fund, as well as the land owners and renters on whose property this business conducts programs (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 unique character of Wolf Camp programs. The same elements that contribute to this unique character can be causes of loss of, or damage to equipment, accidental injury or illness, or, in extreme cases, permanent trauma or death. I understand that since its founding in 1997, Wolf Camp participants have experienced cuts, bruises, soiled clothing, one broken wrist, one broken arm, one concussion, one sprained ankle, and some tears despite the best efforts by staff to attend to the physical, emotional, social, mental and spiritual needs of participants. In group teaching situations, it is impossible to prevent discomfort and even trauma in every circumstance, even when 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 enriching experiences Wolf Camp intends, I agree to waive all claims of liability on the part of Wolf Camp and its Third Parties.

The lands Wolf Camp may be natural areas next to wilderness, and services are few. Participants living in tents and in the open may be exposed to weather, venomous and wild animals, human intruders and all other 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, primitive weapons range, farm animal areas, sharp tools, hazardous plants, boats, water, vehicles and more concerns 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 foster disorientation, and participate in supervised swimming and boating.

Paid and volunteer Wolf Camp staff offer their services to make programs wonderful. However, they are not responsible for accidents, injuries or losses that may come as a result of my participation in camping, meals, classes, campfires and other activities. I understand that the description of risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for all risks, even those not identified herein. My (child's) participation in Wolf Camp activities are 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 resulting from evacuation, transport, treatment 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, my heirs, assigns, personal representatives, estates, interested friends, partners, and for all family members.

Health Insurance & Medical Treatment: I certify that the applicant named on this form is capable of participating in this activity, and that he/she 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 any 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 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 completely new. Wolf Camp encourages participants to be exposed to a variety of backgrounds, safe 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: If my registration is not accepted due to closed enrollment or other reason during the application process, I understand that I will receive a full refund on deposits. Otherwise, deposits are not refundable. If I cancel after making further payment, I understand that I may receive a credit for future programs, minus a 25% administration fee of my total payments, in case of emergency. I also understand that I will receive a full refund if the program I sign up for is canceled and not rescheduled at a time that I can attend. No refund, nor credit, is given if a participant is asked to leave for inappropriateness.

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

(Signature of Applicant _____ Date Signed _____)

(Signature of Parent/Guardian _____ Date Signed _____)

Program Payments: Send deposits in the following amounts. Balances are due on or before arrival. Thanks!

Number of Day Camp Weeks: _____ @ a minimum \$75 deposit each =	\$
Reservation in Day Camps Vanpool _____ @ a min. \$10 deposit each =	\$
Number of Overnight Youth Camps: _____ @ a minimum \$175 deposit each =	\$
Number of Training Camp Weeks for Adults: _____ @ a min \$175 deposit each =	\$
Number of Apprenticeships: _____ @ a minimum \$500 deposit each =	\$
Number of One Day or Weekend Workshops: _____ @ min \$25 deposit per person =	\$
Number of Wolf Journey Classes: _____ @ \$10 deposit per person =	\$
If traveling by plane, bus, boat, or train, we'll add a fee for pick-up and drop-off on the balance sheet we send with your prep packet, as described by the online program description.	\$
Reservation for Overnight Camps Van Pickup & Dropoff _____ @ a min. \$25 deposit each =	\$
Pre-Order Donations to Max Davis Scholarships for these items with Wolf Camp Logo:	
Organic Cotton/Bamboo Color T-Shirt with Wolf Camp Logo from Natural Clothing Co: Adult Size: ____ = \$35 x ____ = Kids Size ____ = \$30 x ____ =	
Organic Bamboo Small Size Δ Blue or Δ Green Baseball Cap \$30 x ____ =	
Non-Organic Δ Blue or Δ Green Nice Warm Fleece Hat \$25 x ____ =	
Non-Organic Δ While or Δ Natural T-Shirt with Soy Wolf Camp Logo: \$15 x ____ =	
Non-Organic Dark Blue Bandana: \$15 x ____ =	
Frost Mora Knives: Stainless \$25 x ____, Tri-Flex Carbon \$35 x ____ =	
Plant Books: Plants of the Pacific Northwest Coast by Pojar & MacKinnon: \$25 x ____ = Botany in a Day by Thomas J. Elpel: \$25 x ____ = Rosemary Gladstar's Herbal Recipes for Vibrant Health: \$15-\$20 x ____ =	
Animals: Wildlife of the Pacific Northwest by David Moskowitz: \$25-\$30 x ____ = Scats & Tracks by Jim Halfpenny: \$20 x ____ = Three Among the Wolves by Helen Thayer: \$20 x ____ = Golden Guide Birds of North Am – A Guide to Field ID: \$15 x ____ =	\$
General: People of Cascadia by Heidi Bohan: \$25 x ____ = Tom Brown's Field Guide to Nature & Survival for Parents: \$15 x ____ = Wolf Camp children's book by Katie McKy: \$15 x ____ =	
Wolf Journey Book I - Neighborhood Naturalist: Δ \$10 Online; \$25 Book+DVD = Pre-Order Book II - Traditional Herbalist 02/05/2012: Δ \$10 Online; \$25 Book+DVD = Pre-Order Book III - Wildlife Tracker 04/29/2012: Δ \$10 Online; \$25 Book+DVD = Pre-Order Book IV - Survival Scout 09/30/2012: Δ \$10 Online; \$25 Book+DVD = Pre-Order Book V - Ancient Artisan 01/11/2013: Δ \$10 Online; \$25 Book+DVD = Pre-Order Book VI - Environmental Ed 06/08/2013: Δ \$10 Online; \$25 Book+DVD = <input type="checkbox"/>	
• Ongoing Raffle: Fiberglass Ocean Kayak with Full Gear (on display at the Wolf College campus)	Kayak: \$5x _ tx = \$
• Ongoing Raffle: Autographed "Wolf Camp" Children's Book (on display at every camp and class) Winners drawn at future event. Need not be present. View items: wolfcamp.com/about/giving/raffle.html	Book: \$1x _ tx = \$
Totals:	
Check Number _____ (personal, cashiers, m.o., etc) is preferred (no fee).	\$
To pay by Credit Card: Go to paypal.com and just transfer funds to chrisATwolfcamp.com	

Important Referral Information: Please write here the agency or person who referred you to us in case they are eligible for a referral credit. You will also receive a \$20 credit for every *successful* referral you make. If you saw one of our ads or searched online, please also note where:

Where you heard about Wolf Camp: _____

Contact info for persons or parties that may be newly interested (may result in a referral discount for you):

Health History:

It is very important that you complete all of this fully! Attach instructions for recurring or likely problems. For everything that is not applicable, please write "none" on the line.

Name _____ Health Ins. # or SSN: _____

School or Workplace _____ Grade or Occupation _____

Health Insurance Company and Group Number _____

Deductible & Other Restrictions in case of Hospital Visit _____

Doctor/Healer/Clinic Name & Location _____ Phones _____

Δ Allergies/Asthma Conditions (Allergen, Reactions and Care for Each): _____

Δ Past Back/Spine/Head Injuries: _____

Care Instructions: _____

Δ Past Sprains, Fractures, Dislocations: _____

Care Instructions: _____

Δ Past Heat/Cold Injuries & Susceptibility To Sunburn: _____

Care Instructions: _____

Δ Past Seizures/Convulsions: _____

Care Instructions: _____

Δ Abdominal/Intestinal/Menstrual History & Concerns: _____

Care Instructions: _____

Δ Diet Requirements & History (list allergies above, fasting and other particulars here): _____

Δ Current Medications (name condition and drug, and how the participant or WOLF staff need administer it and at what amount and frequency): _____

Δ Think: Other Medical Conditions/Limitations (diabetes, hypoglycemia, cardiac, kidney/urinary, dizziness, headaches, chronic fatigue, HIV, coughing, communicable diseases or other illness): _____

Care Instructions: _____

Δ Eye/Ear Aids/Lenses (bring a spare set): _____

Δ Date of Last Tetanus Shot, then other shots: _____

Δ Date of last medical check-up and its result: _____

Δ Swimming Ability: _____

Δ Mental or Emotional Health Concerns: _____

Please note any special needs or concerns, emotions and other conditions we would need or want to know that were not mentioned on the health history form. Please be forthcoming so that we can provide the safest experience for you and others. The more we understand, the better the experience will be for everyone. Comments: