



SUMMER REGISTRATION PACKET

Campers and parents/guardian please read and complete each page of this packet carefully.

REGISTRATION PROCESS

1. Register online at www.waldenwest.org/registration
2. Online payment received before March 13 at 6 pm secures your spot
3. Bring completed Registration Packet and any additional forms needed to the first day of camp

REQUIRED FORMS (for first day of camp)

- | | |
|--|---|
| <input type="checkbox"/> 1. Registration Form | <input type="checkbox"/> 3. Health Information Form |
| <input type="checkbox"/> 2. Participant Waiver | <input type="checkbox"/> 4. Rules for Safety and Behavior |

IF NEEDED FORMS (turn in with the required forms; note *healthcare provider's signature required on items 1-4*)

- | | |
|---|---|
| <input type="checkbox"/> 1. Medication Form | <input type="checkbox"/> 4. Seizure Action Plan |
| <input type="checkbox"/> 2. Asthma Action Plan | <input type="checkbox"/> 5. Restricted Dietary Needs Form |
| <input type="checkbox"/> 3. Anaphylaxis Emergency Action Plan | |

Email: WaldenWest_summercamp@sccoe.org with questions about camp or, call (408) 573-3050
For questions about registration, call (408) 573-3057

ACCREDITATION

We are a member of the [American Camp Association](#) and undergo a thorough accreditation process where we meet or exceed nationally recognized criteria. We value all campers' experiences and hold ourselves to the highest standards.

WALDEN WEST MEDICATION INSTRUCTIONS

➤ MEDICATIONS FOR ALL PARTICIPANTS ON CAMPUS

- All vitamins, supplements, lozenges, medicated ointments, over-the-counter or prescribed medicine are considered “medication” at camp.
- Medications must be checked in with the Walden West staff upon arrival.
- Medication must come in original packaging with manufacture/pharmacy label including:
 - Name of medication
 - Strength and dosage listed
 - Expiration date (must not be expired)
 - Prescriptions must include name of participant
- Must be listed on the Walden West **MEDICATION FORM**, signed by a medical professional, and parent/guardian for all minors and high school students.
- It is recommended that parents who elect their minor to self-carry any emergency medications (e.g. albuterol inhalers and epi-pens), provide a backup (second one) to be kept in the program office where staff can find it in an emergency.
- Emergency medications will be removed from their packaging to allow for ease of access during an emergency, to ensure that medications are not expired, and that delivery mechanisms are in working order.

➤ INSTRUCTIONS FOR DISPENSED MEDICATIONS

STEP 1: Complete **MEDICATION FORM**; list all “medications,” dosage, route, schedule, and all participant information.

Please only send medications that the participant will need while at camp.

STEP 2: Take the form to your healthcare provider. Your medical professional must sign or stamp the form for approval.

If the form is not correct, we will not be permitted to dispense medication.

STEP 3: Place medication and signed **MEDICATION FORM** in a gallon-sized Ziploc bag labeled with participant’s name, school, and teacher*

***Please include school and teacher if your child is attending as part of a school program.**

STEP 4: Turn in medication to Walden West program office.**

****If attending with a school, turn medication in to classroom teacher in advance of trip.**

Teachers will turn medication in to the Walden West program office.

➤ ADDITIONAL FORMS IF NEEDED (**healthcare provider’s signature required on items 2-4**)

1. [Restricted Dietary Needs Form](#)
(allergies/intolerances, or restricted diets)
2. [Anaphylaxis Emergency Action Plan](#)
3. [Asthma Action Plan](#)
4. [Seizure Action Plan](#)

Walden West follows procedures in accordance with California Education Code 49414 Anaphylaxis treatment, 49408 Emergency Information, 49423 Administration of Prescribed Medication for Pupil*, 49480 Notice to School by Parent or Guardian; Consultation with Physician and Santa Clara County Office of Education Board Policy 5141.21 Administering Medication and Monitoring Health Conditions and 5141.27 Food Allergies

*California Education Code Section 49423 provides that any pupil who is required to take medication during the regular school day that is prescribed by a physician (both over the counter and prescription medication) may be assisted by or administered by a trained, nonmedical-designated, school employee if the District receives:

(1) A written statement from the physician detailing the method, amount and time schedule by which such medication is to be taken and

(2) A written statement from the parent or guardian of the pupil indicating the desire that the District assist the pupil in the matter set forth in the physician's statement.



WALDEN WEST SUMMER CAMP REGISTRATION FORM

Camp Week/Session:

Program: Wild Things, WOW, Trail Blazers, LIT, LIT +

Girls +, Jr Counselors

PARTICIPANT INFORMATION

Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary	Date of Birth:	Age When Attending:
Participant Name:		Home Telephone:
Street Address:		Cell Phone:
City, State, Zip Code:		Email Address:
School District:		Ethnicity:

PARENT INFORMATION

Parent/Guardian 1 Name:	Parent/Guardian 2 Name:
Street Address:	Street Address:
City, State, Zip Code:	City, State, Zip Code:
Email:	Email:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

EMERGENCY INFORMATION

Authorized persons to be called in case of an emergency, when parents cannot be reached:

Name	Phone	Relationship

Heath Ins. Co.:	Policy No.
Physician:	Phone:
Address:	
Dentist:	Phone:
Address:	

MINOR RELEASE AUTHORIZATION

Persons **AUTHORIZED** to pick up your child from Walden West:

Name	Phone	Relationship

Persons **NOT AUTHORIZED** to pick up your child from Walden West:

Name	Relationship

SWIMMING/SUNSCREEN INFORMTION:

Programs may include swimming with certified lifeguards on duty. For your child’s safety, every child with permission to swim, regardless of swimming abilities must complete the Walden West swimming test.

My child has permission to participate in Walden West swimming activities.

YES NO

Walden West Staff may apply sunscreen to my child’s exposed skin (not covered by clothing/swimsuit) as needed

YES NO

Photo Release

Check this box to opt out of consenting to the use of the minor’s name, voice, statements, photographs, videotape, and related representations involving use of the minor’s voice or pictures, or both, by any and all entities that comprise Walden West, for the purposes of press-related items, training, and testimonials, including but not limited to brochures, posters, press releases, fliers, newsletters, the Walden West website, Facebook and any and all other promotional or training items. By not checking the box, you further acknowledge and agree that the minor will receive no compensation. Walden West is the absolute owner of any and all photographs, recordings, and other items (and all rights therein, including the copyright) to which this agreement applies.

Exception: (example, camp group photo) _____

TRANSPORTATION AUTHORIZATION:

I authorize Walden West staff and buses to provide transportation services to my child in conjunction with summer camp activities, and hereby voluntarily release, waive, discharge, hold harmless Walden West and its owners, agents, officers and employees from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of the providing of transportation services to my child including without limitation transportation to, from or during any summer camp activity.

Parent/Guardian Signature: _____

Date: _____

WALDEN WEST HEALTH INFORMATION FORM

Participant's Name: _____ **Week Attending** _____

MEDICATION INFORMATION

Is participant bringing medication* to camp? NO YES (If yes, completed **Medication Form** is required)
*including vitamins, supplements, over-the-counter or prescribed medicine

All immunizations, required for school including the following are up to date:

Diphtheria, Tetanus and Pertussis (DTaP)	Measles, Mumps and Rubella (MMR)	YES	NO
		Hepatitis B	Varicella (Chicken Pox)

Date of last Tetanus shot (month/year) _____

ADDITIONAL MEDICAL NEEDS (REQUIRING SPECIFIC FORMS)

- | | |
|---|--|
| <input type="checkbox"/> Asthma - Asthma Action Plan | <input type="checkbox"/> Diabetes - Contact waldenwest_healthaide@scoec.org |
| <input type="checkbox"/> Bee sting allergy - Anaphylaxis Emergency Action Plan | <input type="checkbox"/> Seizures - Seizure Action Plan |
| <input type="checkbox"/> Food allergies/restrictions - Anaphylaxis Emergency Action Plan / Restricted Dietary Needs | |

RESTRICTIONS

Any reason to restrict full activity including long hikes, strenuous physical games, and challenge course activities? NO YES
If yes, please explain: _____

OTHER IMPORTANT THINGS TO KNOW/SHARE:

GENERAL HEALTH other

- | | | | | | |
|---|---|---|---|---|--------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Allergies/seasonal | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Bleeding/clotting | <input type="checkbox"/> Celiac disease | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Fainting | <input type="checkbox"/> German measles | <input type="checkbox"/> Head lice (recent) | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other _____ | | | |

Recent Hospitalization:

Recent Injury:

Psychological Conditions:

CONSENT

I give my consent to administer first aid and/or emergency medical treatment. I authorize Walden West staff to administer any necessary non-emergency first aid treatment which may include, but is not limited to: cleaning, applying antibiotic ointment to, and bandaging cuts or abrasions; removal of ticks and splinters; and applying an ice-pack to bites, stings, or an injury.

I hereby consent and give my permission to Walden West and the medical personnel selected by them to render such emergency medical diagnosis and treatment as is deemed necessary, including but not limited to x-ray examination, injection, anesthesia, and/or surgery. Such authorization for emergency treatment shall also include, but not be limited to, costs incurred for the provision of such aid, treatment, and arranging evacuation if it is determined that such evacuation is medically necessary and desirable. **I further agree and will assume financial responsibility for the costs of any specialized means of evacuation and the necessary medical care.** I understand and acknowledge that these costs are my parent/legal responsibility.

 **Parent/Guardian Signature:** _____ **Date:** _____



WALDEN WEST PARTICIPANT WAIVER, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE CLAIMS FORM

I hereby **consent to participate or that my son/daughter may participate in the Walden West operated by the Santa Clara County Office of Education(SCCOE)**, and I hereby execute this Agreement, Waiver, and Release on my or his/her behalf. California Education Code Section 35330 states: "All persons making the field trip and activity trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field or activity trip."

I understand the program offered through Walden West will take place in a dynamic environment and may include, but is not limited to, the following potentially hazardous indoor and outdoor activities: archery, hiking, swimming, games and events, and low ropes courses. I state that I or said minor is physically able to participate in said activities. I understand that the inherent risks of these activities include the following: personal injury, property damage, illness or death. The information given on these forms is correct and complete to the best of my knowledge, and Walden West has my consent to share the information with all personnel who will be supervising minor camper/volunteer for the duration while at Walden West or who may be responsible for the welfare of such minor.

As a parent/guardian, I am committed to being available to answer a phone call from Walden West and its staff. I have provided a phone number to Walden West where I can be reached at any time during camp hours. I also commit to being available or making arrangements for my child to be picked up for any reason. **I or my minor child will cooperate and comply with all reasonable directions and instructions** received from Walden West staff, will follow all camp safety rules while participating in activities and will be familiar with the expectations and consequences of behaviors should I or my child choose not to cooperate. I understand that any violation of camp rules will result in consequences, and ultimately dismissal from camp and I will not receive a refund for any unused portion of the pre-paid camp fee and transportation is my responsibility.

I hereby represent and warrant to Walden West that **I have the authority to execute this Participant Waiver Form** on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent/guardian. In consideration for being permitted to participate in Walden West activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation. **This release is intended to discharge in advance Walden West (its officers, employees, volunteers and agents) and Walden West from any and all liability arising out of or connected in any way with my participation in said activity**, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. Every attempt will be made to safeguard students and equipment. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to release and to hold Walden West or the above entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity. I specifically understand that I am releasing, discharging and waiving any claim or actions that I may have presently or in the future for the acts or other conduct by the owners, agents, officers or employees of Walden West.

Pursuant to Education Code Section 35330, I have read this entire "**acknowledgement and assumption of risk and release claims**" and fully understand the contents. My signature indicates that I have satisfied my questions and concerns. I understand that this release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will.

PLEASE READ AND SIGN MUST BE SIGNED BY PARENT or LEGAL GUARDIAN OF MINOR

I hereby state that I am the parent or legal guardian of the minor whose information appears in this registration form. I am familiar with this consent and agree to the term and provisions set forth in this release.

Participant's Name (print): _____



Signature (If over age 18): _____

 Parent/Guardian's Signature: _____ Date: _____



WALDEN WEST SUMMER PROGRAM RULES FOR SAFETY AND BEHAVIOR

While at Walden West, it is important that you have a safe and enjoyable experience. These safety and behavior rules are for all participants to enjoy the outdoors equally. **Participants agree to:**

In General:

1. stay with their assigned group at all times
2. use only appropriate language, avoid the use of profanity
3. avoid statements that could be thought of as bullying, put-downs to or about others
4. keep hands, arms, and legs to themselves (no touching, fighting, play fighting, or rough-housing)
5. cooperate with other participants, volunteers and staff refrain from doing anything that could cause harm to self or others or damage/vandalism to Walden West buildings and grounds
6. be respectful of the privacy, property and feelings of others
7. treat all participants, volunteers and staff with respect

On the Trail and Around Camp:

1. stay on the trail and walk with your group
2. not run, throw objects, push others or use walking sticks walk (there are a lot of tripping hazards on the ground and quick movements frighten wildlife)
3. listen quietly when volunteers and staff or another student is speaking
4. stay out of streams and ponds, it's safer for you and better for the environment
5. leave all rocks, sticks, and cones on the ground, throwing things can harm others and disturb the wildlife
6. respect all plants and animals and do not harm them in any way
7. follow the 'Rule of 3.' Anytime an adult is around at least one additional person must be present at all times.

For overnight programs:

1. only go in to your assigned cabin/stay with assigned group
2. be quiet between the hours of 9:30pm -7:00am except for emergencies
3. follow given instructions by the volunteers and staff
4. not have any food of any kind in sleeping areas – water bottles permitted
5. only bring what's on the packing list (no food/candy, hair dryers, curling irons, phones, or any electrical equipment - do not bring money or other valuables)

Please read this information and discuss it with your parents/guardians then, sign below agreeing to follow the Walden West Outdoor Summer Program Rules for Safety.

Participant Name: _____  Participant Signature: _____

Parent/Guardian Name: _____  Signature: _____ Date: _____