



## **District 6250 RYLA 2022**

**May 21, 2022**

**Camp Upham Woods  
Wisconsin Dells, WI**

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**If you have any questions regarding RYLA, please contact:**

**Ben Bauer**

**[benjaminjbauer@outlook.com](mailto:benjaminjbauer@outlook.com)**

**RYLA Chair**

**715-650-1060**

**Michelle TerMaat-McGrath**

**[drmichellemcgrath@gmail.com](mailto:drmichellemcgrath@gmail.com)**

**RYLA Chair**

**608-241-7107**

## What to Bring to RYLA Camp

Temperatures in the spring are very unpredictable. Some of your time with us will be spent outside, so make sure to come prepared. We recommend comfortable outdoor clothing that you don't mind getting wet or dirty.

### **Clothing**

Rain jacket

Hat with brim

Long pants

Shorts

Shirts

Warm sweater or fleece jacket

Gloves and hat

Sneakers or walking shoes—not sandals, you will be running around

***LAYERING:*** Layering means wearing numerous items of thinner clothing rather than one heavy item. Layering traps more air, keeping you warmer. Layering also allows you to adapt your clothing to the variety of weather conditions you may experience. Start with thinner, tighter layers near the skin, and move to heavier, looser layers away from the body. Top it off with a windbreaker and/or windpants and you have an excellent clothing system.

### **Other**

Sunglasses

Flashlight (optional)

Sunscreen, SPF 15 minimum

Bug

Electronic Devices/Cell Phones, etc. may be lost or misplaced. Their use is permissible during free time, but valuable equipment is best left at home.



## Youth Expectation Agreement

### Dear Parent and Youth:

Upham Woods Outdoor Learning Center provides a positive learning experience for youth. Their health, welfare and positive development is our most important consideration.

Because youth represent a large number of families from a wide variety of backgrounds and family customs, we want to be sure that we have common expectations. Parent or guardian and youth are to read and discuss the following expectations:

1. Youth should be responsible and sufficiently mature to conduct themselves at all times in an appropriate manner. Youth are expected to respect the rights of others to hear speakers and others during the programs.
2. Youth are to participate in the scheduled activities related to their staff positions while at the camp experience.
3. Youth will abide by the safety and behavior guidelines of Upham Woods Outdoor Learning Center and their school or group.
4. Youth will accept that responsible behavior includes no possession or use of alcohol, tobacco and nonprescription drugs and weapons before, during or after this camp experience.
5. Youth will not leave Upham Woods without consulting the teacher or leader in charge.
6. Youth will abide by the camp policy that no food/ candy, cell phones and radios/music players be brought to camp.
7. Youth will refrain from participating in initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.

**I agree to meet these expectations.**

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

**I understand and agree with the camp guidelines that my son/daughter/ward has agreed to. If the agreements are broken, I understand that it is my responsibility as a parent to provide transportation home for my son/daughter/ward.**

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

\_\_\_\_\_  
Date

## Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, \_\_\_\_\_ (print name), age \_\_\_\_\_, desire to participate voluntarily in recreational activities at the University of Wisconsin – Extension.

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 Justin Hougham, Upham Woods Director, AT TELEPHONE NUMBER 608-254-6461.

### Assumption of Risks:

I understand that physical activity related to programming at Upham Woods Outdoor Learning Center, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. 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 permission for me to voluntarily participate in programming at Upham Woods Outdoor Learning Center, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin - Extension, and their officers, employees, agents, and volunteers, 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 - Extension, 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 - Extension 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: \_\_\_\_\_

### University of Wisconsin Youth Event Health Form

#### Event

Event Name	Event Date(s)
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#### Contact Information

Youth Name (last name, first name)	Youth Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date (m/d/y)	Age on 1st Day of Event
Parent/Guardian Name (last name, first name)	Address (street, city, state, zip code)		Email
Home Phone	Work Phone	Cell Phone	
Second Parent/Guardian Name	Second Address		Second Email
Second Home Phone	Second Work Phone	Second Cell Phone	

#### Health Conditions

<input type="checkbox"/> Heart: include if physician denied or restricted sports participation	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dizziness or Fainting	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Cognitive or Developmental Please describe:	<input type="checkbox"/> Psychiatric Please describe:	<input type="checkbox"/> Muscular/Skeletal Please describe:	<input type="checkbox"/> Other Please describe:
			<input type="checkbox"/> Asthma: Is an inhaler required and carried by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### Allergies

<input type="checkbox"/> Insect (bee) stings	<input type="checkbox"/> Foods	Please list the allergen and describe the reaction:	Is an EpiPen® required and carried by the youth?
<input type="checkbox"/> Medications	<input type="checkbox"/> Other, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Insurance and Tetanus Booster Information

1. Name of Insurance Company
2. Policy Number
3. Date Of Last Tetanus Booster Shot:

#### Accommodations and Special Instructions

1. Does the youth require an accommodation to participate in this event? Please describe:
2. Please describe any limitations or restrictions regarding the youth's participation in event activities.
3. Is there any other information you want to share?

### Medications

Parent/Guardian: Some programs may choose to have limited over-the-counter medications available. Please select which medications can be provided, if they are available.

Acetaminophen  
(Tylenol)  
☐ Yes ☐ No

Hydrocortisone  
(anti-itch) cream  
☐ Yes ☐ No

Benadryl  
☐ Yes ☐ No

Ibuprofen  
☐ Yes ☐ No

### Medications Youth is Bringing to Event

Prescription Medication Name	Purpose	Dosage (mg)	Times of day given	Side Effects	Prescribing Physician	Physician Phone Number

Please describe any special instructions or additional information regarding medication:

### Consent for Medication Treatment and Medication Administration

#### TO THE PARENT(S) OR LEGAL GUARDIAN(S):

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin, it is event/camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp health staff with the exception of controlled drugs. **All medication must remain in the original packaging** (bottle labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions). A limited amount of medication for life-threatening conditions may be carried by the youth (i.e. EpiPen®, inhaler, etc.). **Please select one option below:**

- ☐ No medication(s) has been brought to event/camp.
- ☐ The youth participant if age 14 or older, may administer the medication or operate the medical device. Please note that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by health staff.
- ☐ The designated health care staff will administer the medication or operate the medical device.



**If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for all of the following. By signing below as parent/guardian,**

- ✓ I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- ✓ I confirm that I have read the program description and that the youth can participate in planned activities.
- ✓ I am aware of and accept the risk inherent in the program activity.
- ✓ I attest that all information on both sides of this form is correct.
- ✓ I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Youth Name	Signature of Parent or Guardian	Date
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### To be Completed by Event Staff at Check-In

Are there any changes in the youth's health status, medications or other related information since this form was completed?

☐ Yes ☐ No

Will the parent, guardian or Emergency Contact be available at this number during the event? ☐ Yes ☐ No