

Disabled Adventure Outfitters  
**Teen Adventure Camp**

For persons with bleeding disorders ages 13 - 18

*Sunday, July 14th – Friday July 19<sup>th</sup>, 2019*

**Registration Form**

**Please complete this form** and return it with your check made out for \$25.00 to Disabled Adventure Outfitters, PO Box 152, Arcata, CA 95518-0152. We must receive your **completed** registration (FOUR pages including medical history acknowledgment of risk, and assumption of risk forms, plus registration fee, postmarked by the **registration deadline - (JUNE 23rd)**. You will either be assigned a spot or placed on a waiting list (if the camp is full), and will be notified of your standing. We will place registrants as we receive **complete** applications. There are 16 slots available for this camp, to be filled on a first come, first served basis, so don't delay. Once you are registered you will receive directions and further information about the camp.

**Personal Information:**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

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

Tel: Home ( \_\_\_\_\_ ) Business ( \_\_\_\_\_ )

Email \_\_\_\_\_

What would you like to gain/learn during the week? \_\_\_\_\_

\_\_\_\_\_

Previous Experience Whitewater Rafting? (please describe) \_\_\_\_\_

\_\_\_\_\_

Any skills or talents you'd like to share with others? \_\_\_\_\_

\_\_\_\_\_

Rate your SWIMMING ABILITY from 0 (non-swimmer) to 10 (dolphin) \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Tel: Eve ( \_\_\_\_\_ ) Day ( \_\_\_\_\_ ) Cell ( \_\_\_\_\_ )

Address \_\_\_\_\_

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

# Disabled Adventure Outfitters

## 2019 MEDICAL HISTORY FORM

(use back of form for additional space if necessary)

Participant Name \_\_\_\_\_

Doctor \_\_\_\_\_ Dr. Phone (\_\_\_\_\_) \_\_\_\_\_

### Health Insurance:

Carrier \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Phone \_\_\_\_\_ Covered individual name \_\_\_\_\_

### Health History: (Use back of page for additional information)

Bleeding disorder/severity \_\_\_\_\_ Product \_\_\_\_\_

"Normal" dose \_\_\_\_\_ Trauma dose \_\_\_\_\_

Do your religious beliefs affect medical treatment? If yes, how? \_\_\_\_\_

(Please check all applicable):

#### **Diagnosed Conditions**

#### **Allergies**

#### **Physical Aids**

<input type="checkbox"/> Epilepsy/Convulsions	<input type="checkbox"/> Poison Oak	<input type="checkbox"/> Insect Bites*	<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Bee, Wasp, or	<input type="checkbox"/> Limb Brace
<input type="checkbox"/> Immune Compromised	<input type="checkbox"/> Medicines*	<input type="checkbox"/> Insect Stings*	<input type="checkbox"/> Cane/Crutches
<input type="checkbox"/> Deafness/Ear Infections	(list below)	<input type="checkbox"/> Food*	<input type="checkbox"/> Wheelchair

Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

Do you have **ASTHMA**? Y N If YES, how do you treat it? \_\_\_\_\_

\*Does participant's reaction to **any** food/bites/stings require medical attention or a Reaction Kit? Y N

**Please list ALL allergies/reactions/treatments:** \_\_\_\_\_

DIETARY RESTRICTIONS: \_\_\_\_\_

Sensitivity to Sun:  Sensitive  Average  Mild

Serious Injury or Recent Surgery(What/When): \_\_\_\_\_

Current Medications & Dosages \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

Recent Exposure to Contagious Disease (What disease\when): \_\_\_\_\_

Other Medical Problems or Conditions \_\_\_\_\_

Participant name \_\_\_\_\_ Date of birth \_\_\_\_\_

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**\*\*\* This is NOT kids' hemophilia summer camp! \*\*\***

**\*\*\* You MUST be able to self-treat for your bleeding disorder (if you treat) \*\*\***

**\*\*\* You will be expected to bring your own medications and infusion supplies \*\*\***

**\*\*\* Bring enough meds for a high-activity week - plus a trauma dose \*\*\***

**\*\*\* DAO will NOT have extra factor medication on hand \*\*\***

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*If you run out of a particular medication you may have to leave, as the nearest pharmacies can be 20 to 100 miles away. Please bring enough medications for a week. Bring enough to cover you during high activity levels (i.e. prophylaxis). You must also bring your own infusion supplies, as camp does not provide these. Use the camp sharps container or your own - Do **not** throw your infusion trash in the regular camp trash, as this is unsanitary, and camp staff sorts through the trash for burning.*

**Initial here that you have read, and understand, the above paragraph ( \_\_\_\_\_ )**

### **Photo/Video Release**

Disabled Adventure Outfitters (DAO) reserves the right to take photographic and video records of any trip. Participant and Participant's Guardian hereby agree that DAO may use such photos and/or videos for promotional purposes.

**Signature** \_\_\_\_\_

### **Authorization for Emergency Medical Treatment**

The included medical history form is correct to the best of my knowledge. I hereby grant permission to the medical personnel designated by the Disabled Adventure Outfitters guide or trip leader to order X-rays, routine tests, and treatment for the above named person in the event that the person to be notified in case of emergency cannot be reached. I also grant permission to the physician designated by Disabled Adventure Outfitters to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and for surgery, as deemed necessary by medical personnel, for the participant named above.

**Participant Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact** **Name** \_\_\_\_\_  
**Phone: Day** \_\_\_\_\_ **Eve** \_\_\_\_\_  
**Cell** \_\_\_\_\_ **Other** \_\_\_\_\_

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## **DISABLED ADVENTURE OUTFITTERS**

P.O. Box 152  
Arcata, CA 95518  
707.498.9470

[johnyotto@sbcglobal.net](mailto:johnyotto@sbcglobal.net)

### **PARTICIPANT AGREEMENT AND ACKNOWLEDGEMENT OF RISK**

In consideration of the services of Disabled Adventure Outfitters, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "DAO") of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I \_\_\_\_\_ acknowledge that my participation in river rafting activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or

damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** slipping and falling; accidental drowning; whitewater rapids will be encountered; collision with fixed or moveable objects or other watercraft; being jolted, jarred, bounce, and shaken about; contact with food boxes, other storage containers, or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft; "washed" overboard resulting in having to swim rapids risking collision with rocks and entanglement in trees; damage to equipment or personal injury; exposure to temperature and weather extremes which could cause cold water shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightening; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; improper lifting or carrying; travel in remote areas with poor or no access to emergency and/or medical services; my own physical condition, and the physical exertion associated with this activity. Furthermore, DAO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and acknowledge all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. Additionally, I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in this activity.

3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to acknowledge the risk of any medical or physical condition I may have.

4. In the event that I file a lawsuit against DAO, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian If under 18: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_