



# Shambhala Warrior & Nature Camp 2017

## for 9-15 year olds



PO Box 2585 Brattleboro, Vermont, 05303  
802-257-8570

(Please print in ink)

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nickname \_\_\_\_\_ Gender  Male  Female Age on 1st Day of Camp \_\_\_\_\_

Camper's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (continued) \_\_\_\_\_ e-mail \_\_\_\_\_

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

Present School \_\_\_\_\_ Grade in Fall after camp \_\_\_\_\_

Siblings' Names and Ages \_\_\_\_\_

Camper lives with  mother  father  both  other \_\_\_\_\_

### In case of emergency

#### First contact:

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

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**Alternate contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**Alternate contact:** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## **REQUIRED SIGNATURES**

### **VERY IMPORTANT! PLEASE READ THIS PAGE CAREFULLY.**

At Vermont Wilderness School & Shambhala Warrior and Nature Camp, the safety of each camper is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional safety and to provide a quality camping experience that focuses on fun, safety and character development. However, as in any other experience, we cannot eliminate all risk from our programs. By signing the following statements you will be acknowledging that you understand the risks of attending Shambhala Warrior and Nature Camp, assuming liability for your child's participation and certifying that your application is complete and truthful.

### **Acknowledgement of Risk**

I understand that camp takes place in rocky, mountainous and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: martial arts activity, building natural shelters, hiking, wading, cooking, fire building, use of tools, and use of knives. These activities can cause personal injury, property damage, illness or death.

---

Parent/Guardian signature

Date

### **Assumption of Liability**

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release Vermont Wilderness School employees, agents, volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as "Vermont Wilderness School") from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in Shambhala Warrior & Nature Camp. I further agree to hold harmless and indemnify Vermont Wilderness School and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

---

Parent/Guardian signature

Date

### **Statement of completeness**

All of the information on this Camper Application form is confidential and will only be shared with the appropriate Shambhala Warrior & Nature Camp staff. Campers with a variety of medical/psychological/physical conditions or problems can successfully participate in our camp but WE MUST BE AWARE OF THESE CONDITIONS. Other campers, staff, and the applicant are all put at risk when this information is withheld. I understand that if my child arrives at camp with a pre-existing condition, injury or other health problem not indicated on this application which Shambhala Warrior & Nature Camp staff discovers because of its negative impact on my child's experience, fellow campers, staff, or the camp program, my child may be asked to leave the camp s/he is attending and I will receive no refund of tuition. I hereby certify that I have answered all questions on this application and the parent questionnaire truthfully and completely. If circumstances change between today and the first day of camp so that this application is no longer truthful or complete I certify that I will fully inform Shambhala Warrior & Nature Camp of the new circumstances.

---

Parent/Guardian signature

Date

Camper Name: \_\_\_\_\_ Program Date: \_\_\_\_\_



# Shambhala Warrior & Nature Camp 2017

for 9-15 year olds

PO Box 2585 Brattleboro, Vermont, 05303  
802-257-8570



## First Aid OTC Release

Name of child \_\_\_\_\_

First Aid supplies include bandages, gauze pads, tape, Hydrogen Peroxide, Neosporin, Benadryl. We also have Rescue Remedy, some essential oils (therapeutic grade), herbal salves, Arnica tabs and gel etc.; things we use for ourselves.

Please indicate to us if there is anything you definitely want us to use or not use with your child if an accident occurs. If we don't hear from you in writing, we will follow basic first aid protocol.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Photo Release

**Photo Release:** By signing and checking "Yes" below I hereby grant free permission for Vermont Wilderness School to use images of myself and/or my child participating in their programs or events for outreach purposes, including but not limited to electronic or printed materials or media. Please consider granting this release to us if at all possible, as our ability to successfully share our program with new participants depends on having representative photographs.

YES, I do grant a photo release.

NO, I do not wish to grant a photo release.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper Name: \_\_\_\_\_ Program Date: \_\_\_\_\_



# Shambhala Warrior & Nature Camp 2017 for 9-15 year olds



PO Box 2585 Brattleboro, Vermont, 05303  
802-257-8570

## Parent Questionnaire

Dear parents,

Welcome to Shambhala Warrior & Nature Camp! We are looking forward to providing a high quality learning experience for your child. Our staff is highly skilled and experienced at working with children in the outdoors. However, we have no mental health workers or special education specialists on staff. Therefore, our program may not be appropriate for some children. The questions are designed solely to help us decide whether or not we have the resources to give your child the quality experience he or she deserves. This will help us to prevent the unfortunate event of discovering that we are unable to serve your child after the program begins. Only Shambhala Warrior & Nature Camp staff will see this questionnaire. Please answer these questions completely and to the best of your ability. Please use additional sheets if necessary. A completed questionnaire is required for attendance. Thank you.

What is your child's name?

How much time does your child spend outdoors?  very little  some  a whole lot

What inner gifts will your child bring to Camp? What do you particularly want your child to gain from Camp?

Has your child ever been to a day camp before?  yes  no If so, please describe the experience.

How does your child feel about coming to camp? (excited, anxious, worried, etc.)

How does your child interact with other children one-on-one and in a group? At home? At school?

How does your child interact with adults? Please address listening skills and ability to follow directions.

(more questions on back)

Camper Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

Has your child undergone any major changes such as a move, new sibling, divorce, illness or death of someone close?  yes  no If so, how is s/he adapting?

Has your child seen a mental health professional in the past two years?  yes  no  
If so, when and for how long?

Recommended treatment: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

Name of most recent counselor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Will you arrange for you child's counselor to release information about his diagnosis and course of treatment if it is requested by the staff?  yes  no

Does your child have any medical, physical, intellectual or emotional conditions that may effect his/her ability to participate in camp?  yes  no If so, please describe.

What creates stress in your child? How does s/he cope with stress and conflict?

What have you or your child's teachers found to be successful strategies for working with your child to manage stress and resolve conflicts?

Has your child physically hurt anyone in the past two years?  yes  no If so, please describe.

Do you understand that in order to administer prescription drugs to your child, Shambhala Warrior & Nature Camp requires the original labeled bottle or written directions from a doctor?  yes  no

Does your child take any kind of medication?  yes  no If so, what and since when?

Camper Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

***Shambhala Warrior & Nature Camp (Vermont Wilderness School)***

**Confidential Medical Record**

Complete both sides and return to Vermont Wilderness School, PO Box 2585 Brattleboro, VT 05303

Your child’s place in Shambhala Warrior & Nature Camp is confirmed when we receive all forms, completely filled out and signed, and his/her medical form has been approved. This medical form is a particularly important way to ensure a safe and enjoyable experience for your child. Please fill out all relevant parts carefully and truthfully.

Anyone in average physical condition can expect to complete our program. If we have any question about your child’s ability to complete the program, we will call and discuss the matter with you. If we think your child should not participate in the camp, we will refund all tuition payments made to Vermont Wilderness School. We cannot refund costs of medical examinations or other expenses you incur preparing for a camp.

**PART 1 General Information**

1. Name \_\_\_\_\_ 2. Camp Starting Date \_\_\_\_\_

3.  Male  Female 4. Birth date \_\_\_\_\_ 5. Height \_\_\_\_\_ 6. Weight \_\_\_\_\_

4. Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

5. Insurance: Each participant is responsible for medical expenses. Sickness and accident insurance is recommended but not required.

Is applicant covered by any hospitalization care policy?  Yes  No

Insurance company name Policy Number \_\_\_\_\_

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

Does insurance company require pre-authorization?  Yes  No If yes, phone ( ) \_\_\_\_\_

**PART 2 Medical Information**

You should know that it is possible for children with a variety of medical/ psychological difficulties to participate in our camps, but we must be aware of these conditions for our benefit. Failure to disclose such information could result in serious harm to your child, other campers and staff.

1. Allergies - List below. Include foods, insects, plants and medications. Describe your child’s reactions and any medication he/she may require.

2. Medications your child is currently taking - List the dosage, condition it is for and any side effects your child is experiencing.

3. Describe your child’s current physical exercise activity. Include frequency, duration and intensity.

4. Date of your child’s last tetanus booster: \_\_\_\_\_ Who gave the booster? \_\_\_\_\_

Their phone number: \_\_\_\_\_. Boosters are recommended at age 5 and every 10 years thereafter. It is recommended that children who get deep, dirty wounds or puncture wounds more than 5 years after their last booster receive another booster promptly.

(continued on back)

Camper Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

5. Answer "yes" or "no" below.

yes      no

- \_\_\_    \_\_\_ a. Seizure within past year
- \_\_\_    \_\_\_ b. Hospitalization within past 2 years
- \_\_\_    \_\_\_ c. Emergency Dept. visit within past year
- \_\_\_    \_\_\_ d. Neck, back, shoulder, knee, ankle pain or injury
- \_\_\_    \_\_\_ e. Medical equipment needed
- \_\_\_    \_\_\_ f. Stung by a bee, yellow jacket or wasp
- \_\_\_    \_\_\_ g. Other medical issues, illnesses or symptoms
- \_\_\_    \_\_\_ h. Currently diagnosed with or being treated for a disease that can be transmitted

through casual contact (flu, chicken pox, whooping cough, tuberculosis, measles, etc.)

**Please inform us if this status changes as of the first day of camp. Do not bring a child to camp with an illness that can be easily spread to other campers!**

Give details on any question for which you checked "yes". Include symptoms and/or any restrictions.

6. If you check "yes" to any of the following questions, we strongly suggest that you consult with a health care professional to determine whether your child's health status is sufficient for him/her to participate in the program:

Yes No

- \_\_\_ \_\_\_ a. High blood pressures (or currently being treated)
- \_\_\_ \_\_\_ b. Heart murmur
- \_\_\_ \_\_\_ c. Heart issues (current or prior heart disease, irregular heart beat)
- \_\_\_ \_\_\_ d. Chronic, on-going disease such as diabetes, seizure disorder, bleeding disorder
- \_\_\_ \_\_\_ e. Chest pain/pressure, heart palpitations, frequent dizziness or fainting, sweats or weak spells
- \_\_\_ \_\_\_ f. Severely over weight

Describe in detail any of the above for which you checked "yes" (include additional sheets if necessary):

### **PART 3 Signature required**

I hereby give consent for emergency hospitalization for \_\_\_\_\_ (print participant's name) if it becomes necessary as a result of his/her participation in Shambhala Warrior & Nature Camp. I understand that the program is a physically and mentally strenuous activity and may be in a remote wilderness area far from the facilities of civilization. The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my child's participation in Shambhala Warrior & Nature Camp. I realize that failure to disclose such information could result in serious harm to my child and fellow students and agree to indemnify and hold Vermont Wilderness School harmless if all relevant information is not disclosed. I also agree to notify Shambhala Warrior & Nature Camp /Vermont Wilderness School should there be any change in my child's health status prior to the start of his/her program.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper Name: \_\_\_\_\_ Program Date: \_\_\_\_\_



# **Shambhala Warrior & Nature Camp 2017**

for 9-15 year olds

PO Box 2585 Brattleboro, Vermont, 05303  
802-257-8570



## **Camper Questionnaire**

Dear camper,

Welcome to Shambhala Warrior & Nature Camp! Below are some questions to help us get to know you better and make sure that we can give you the best camp experience possible. Please answer them as completely as you can.

What is your name and what do you like to be called?

Why are you coming to this camp?

Have you had experience training in any martial arts? If so which art and how long?

Please make a list of five things that you love to do outdoors.

What more would you like us to know about you?

Do you have any questions for us?

What are your goals at camp?

Camper Name: \_\_\_\_\_ Program Date: \_\_\_\_\_