

# 2025 Registration & Health Form

WMF **YOUTH** Paleontology & Archaeology & Geology Summer 3-Day Day Camp

Please Print Clearly!

Youth/child's Name: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (Please circle) Male Female

School Attending 2023-2024 School Year: \_\_\_\_\_ Grade: \_\_\_\_\_ *\*Child must have been enrolled in the 3<sup>rd</sup> – 12<sup>th</sup> grade for the 2024-2025 school year.*

Please tell us which WMF 2024 YOUTH Paleontology and Archaeology Summer Day Camp you would like to attend.

*Please Note: Attendance will be limited to 32 per group. Groups A and B: \$120.00 per camper*

<input type="checkbox"/>	<b>Group A</b>	<b>Youth Camp-New Campers</b>	<b>June 24, 25, and 26, 2025</b> (Tuesday, Wednesday, & Thursday)	<b>9:00 am – 3:00 pm</b>
<input type="checkbox"/>	<b>Group B</b>	<b>Youth Camp-Return Campers</b>	<b>June 24, 25, and 26, 2025</b> (Tuesday, Wednesday, & Thursday)	<b>9:00 am – 3:00 pm</b>

**This data is utilized for educational program funding opportunities and helping us reach more underrepresented youths.**

<b>Ethnicity (check those that apply)</b>	<b>Priority Populations (check those that apply)</b>
<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hispanic / Latino of any race(s) <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> White <input type="checkbox"/> Wish not to respond	<input type="checkbox"/> BIPOC <input type="checkbox"/> LGBTQ youth <input type="checkbox"/> Migrant Youth <input type="checkbox"/> Refugee and/or immigrant youth <input type="checkbox"/> Youth experiencing homelessness <input type="checkbox"/> Youth in foster care <input type="checkbox"/> Youth in poverty, as measured by eligibility for free or reduced-price lunch <input type="checkbox"/> Youth involved in the criminal justice system <input type="checkbox"/> Youth with disabilities including physical, developmental, and/or intellectual disabilities; or special health care needs <input type="checkbox"/> Wish not to respond

***Please Note: WMF will follow CDC guidelines***

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

**All Campers: In case of emergency, please give us an alternate person to contact.**

Emergency Contact:	Phone:
Primary Physician:	Phone:

**PLEASE NOTE: In case of injury, campers will be taken to Yakima Memorial Hospital.**

Would you like to volunteer during the camp? ☐ Yes ☐ No

# 2025 Registration & Health Form

## WMF YOUTH Paleontology & Archaeology & Geology Summer 3-Day Day Camp

### **AUTHORIZATION:**

As the parent or legal guardian of child/youth (*name*) \_\_\_\_\_, and I hereby grant permission for my child to participate in the WMF 2024 Youth Paleontology, Archaeology, and Geology Summer Day Camp. My child has permission to engage in all camp activities, except activities as noted below:

Are there any activities your child **cannot** participate in? ☐ Yes ☐ No

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

### **MEDICAL TREATMENT WAIVER**

☐ Yes ☐ No In the event of an emergency, accident or illness, I authorize the Wenas Mammoth Foundation and its agent(s) to administer emergency care to my child.

☐ Yes ☐ No I hereby give permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named above.

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

For a child/youth, relationship to child: \_\_\_\_\_

### **HEALTH CONCERNS AND MEDICAL INFORMATION:**

In our camp environment it is very important, for the safety of our campers and volunteers, that we are aware of any health conditions a camper may have. Does the camper (child) have any health issues (mental, emotional, or physical) or allergies that the WMF staff should be aware of?

☐ Yes ☐ No If **Yes**, please describe issue, the reaction, and the management action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **MEDICATION**

Does the child use/carry an Epi-Pen, inhaler, nebulizer, or other medical device? ☐ Yes ☐ No

If **Yes**, please complete the **MEDICATION ADMINISTRATION AUTHORIZATION FORM**

Does the child currently take any prescribed medication(s)? ☐ Yes ☐ No

If **Yes**, please complete the **MEDICATION ADMINISTRATION AUTHORIZATION FORM**

**Please note that all medication needs to be stored in a secure location.**

### **LIABILITY AND MEDIA RELEASE:**

I, the undersigned, agree to hold harmless the Wenas Mammoth Foundation (WMF), and its Board of Directors, and volunteers, Haywire Outfit Inc., Bronwyn and Doug Mayo, of all liabilities know or unknown that may occur during the course of the scheduled WMF Paleontology, Archaeology, and Geology Summer Day Camp. I am aware that natural and manmade hazards may be present in the outdoor classroom environment and that my child will be spending the day on Haywire Outfit's property. I am aware that my child will be handling materials and equipment commonly found in gardens and unmanaged landscapes, such as soil, sand, water, insects, plant materials, animal bones, animal teeth and rocks, but not limited to these materials only. I accept all responsibility for the activities performed during the program. Photographs will be taken at the Wenas Mammoth Foundation showing campers and staff involved in activities. These may be used by the WMF for promotional, informative, and educational purposes.

**PLEASE NOTE:** PHOTOGRAPHS WILL BE TAKEN DURING THE CAMP THAT MAY BE UTILIZED TO MARKET OUR EDUCATIONAL PROGRAM TO THE PUBLIC AND TO VARIOUS FUNDING SOURCES.

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

\_\_\_\_\_  
Date

## POLICIES AND PROCEDURES

Thank you for your interest in our 2024 WMF's Youth Paleontology & Archaeology Summer Day Camps. We are looking forward to the upcoming season, and excited to share knowledge about local earth science, archaeology, paleontology, and local geology. Please read the following information, sign, and return this document, the Health and Registration Form, the Medical Administration Authorization Form (*if applicable*), and payment to the Wenas Mammoth Foundation.

The Wenas Mammoth Foundation's goal is to get adults and youth excited about local earth science, paleontology, archaeology, geology, inspire curiosity and develop critical thinking skills from evidence discovered. The camp will consist of classroom presentations, as well as hands-on activities in the field and in the classroom. These activities will be adjusted for the age group. Topics covered will include:

- The history and uniqueness of the Wenas Creek Mammoth Dig Site
- The history of Mammoths and Bison in the Pacific Northwest
- What are Archaeologists, Paleontologists and Geologists, and what are their career requirements and opportunities?
- What Archaeology/Paleontology/Geology methods were used at the Wenas Creek Mammoth Dig.

### **Camp Environment**

The WMF's camp is held at the Wenas Creek Mammoth dig site. This is a primitive site, as it does not have indoor restrooms or an air-conditioned facility. During outdoor activities, campers may encounter sunshine and summer temperatures, dirt, dust, rain, wind, sagebrush and other vegetation, insects, reptiles, and animal bones. Please take this into consideration when enrolling. Please note the following:

- WMF will provide a portable outhouse, water/soap for washing hands and hand-sanitizer.
- WMF will provide shade, an outdoor tent classroom, as well as an outdoor educational area.
- Campers are required to provide the following: lunches, beverages, sunscreen, disposable face masks, goggles, insect repellent, Chapstick, clothing for outdoor activities (in all types of weather conditions), including wide brim hat, jacket, light cotton shirts/blouses that cover arms, garden gloves, and closed toe shoes. ***Tank tops, shorts, and sandals are not allowed.*** When packing lunches, please avoid peanut products, as some campers may have peanut allergies.

### **Pick-up Procedures for Youth:**

- Cancellations and Refunds: Adult campers and/or parents/guardians are responsible for transportation to and from the camp location. There will be a late pick-up fee for any child picked-up after 3:15 pm of \$10.00 for every 10-minute increments.

If you need to cancel your camper's WMF Paleontology, Archaeology, and Geology Summer Camp session for any reason, please contact us immediately. If the camper's attendance is cancelled with at least 10 days' notice, you will receive a full refund, minus \$10.00 processing fee. If the session is cancelled in less than 10 days, no refund will be given. Exceptions for medical or family emergencies with documentation will be honored.

The safety of our campers and staff is the top priority of the Wenas Mammoth Foundation. The Wenas Mammoth Foundation reserves the right to terminate a camper's enrollment if the camper does not follow the rules or directions of the camp instructors or volunteers, threatens, or harms another camper, instructors or volunteers, or purposely damages or steals any of the facilities teaching materials, supplies, or displays.

I, \_\_\_\_\_ the adult camper, or parent/guardian of youth camper, understand and accept the policies and procedures of the WMF Paleontology, Archaeology, and Geology Summer Camp.

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

## Medical Administration Authorization Form

Please Print Clearly!

This form must be completed fully in order for the WMF (Wenas Mammoth Foundation) youth camp operations and staff members to administer the required medication or for the camper to self-administer medication. A new administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.

- ☐ Prescription medication must be in a container labeled by the pharmacist or prescriber.
- ☐ Nonprescription medication must be in the original container with instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- ☐ All medication must be stored in a safe secure location.

### I. PRESCRIBER'S AUTHORIZATION

*(Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist)*

YOUTH'S NAME:		BIRTH DATE:		
ADDRESS OF YOUTH:		TOWN:		STATE:
EXPLAIN ANY ALLERGIES, REACTIONS TO/NEGATIVE INTERACTION WITH FOOD OR DRUGS:				
PLAN OF MANAGEMENT FOR SIDE EFFECTS:				
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> Yes (If yes, see section III below) <input type="checkbox"/> No		
MEDICATION/GENERIC NAME OF DRUG:	DOSE:	ROUTE:		
I HAVE ADMINISTERED AT LEAST ONE DOSE OF THE MEDICATION TO MY YOUTH WITHOUT ADVERSE EFFECTS. <input type="checkbox"/> Yes <input type="checkbox"/> No				
TIME/FREQUENCY OF ADMINISTRATION:		IF PRN, FREQUENCY		
IF PRN, FOR WHAT SYMPTOMS				
KNOWN SIDE EFFECTS TO YOUTH:				
MEDICATION SHALL BE ADMINISTERED (during the year in which this form is dated)		FROM __/__/__	TO: __/__/__	
PRESCRIBER'S NAME/TITLE:		PRESCRIBER'S ADDRESS STAMP		
TELEPHONE:	EMAIL:			
ADDRESS				
CITY:	STATE:			
PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)				DATE:

## II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized WMF's camp operator/staff to administer the medication or supervise the camper in self-administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the youth named above, including administration of medication at the WMF facility. I understand that at the end of the authorization period, an adult must pick up the medication, otherwise it will be discarded. I authorize the WMF camp personnel to communicate with the prescriber as allowed by HIPAA.

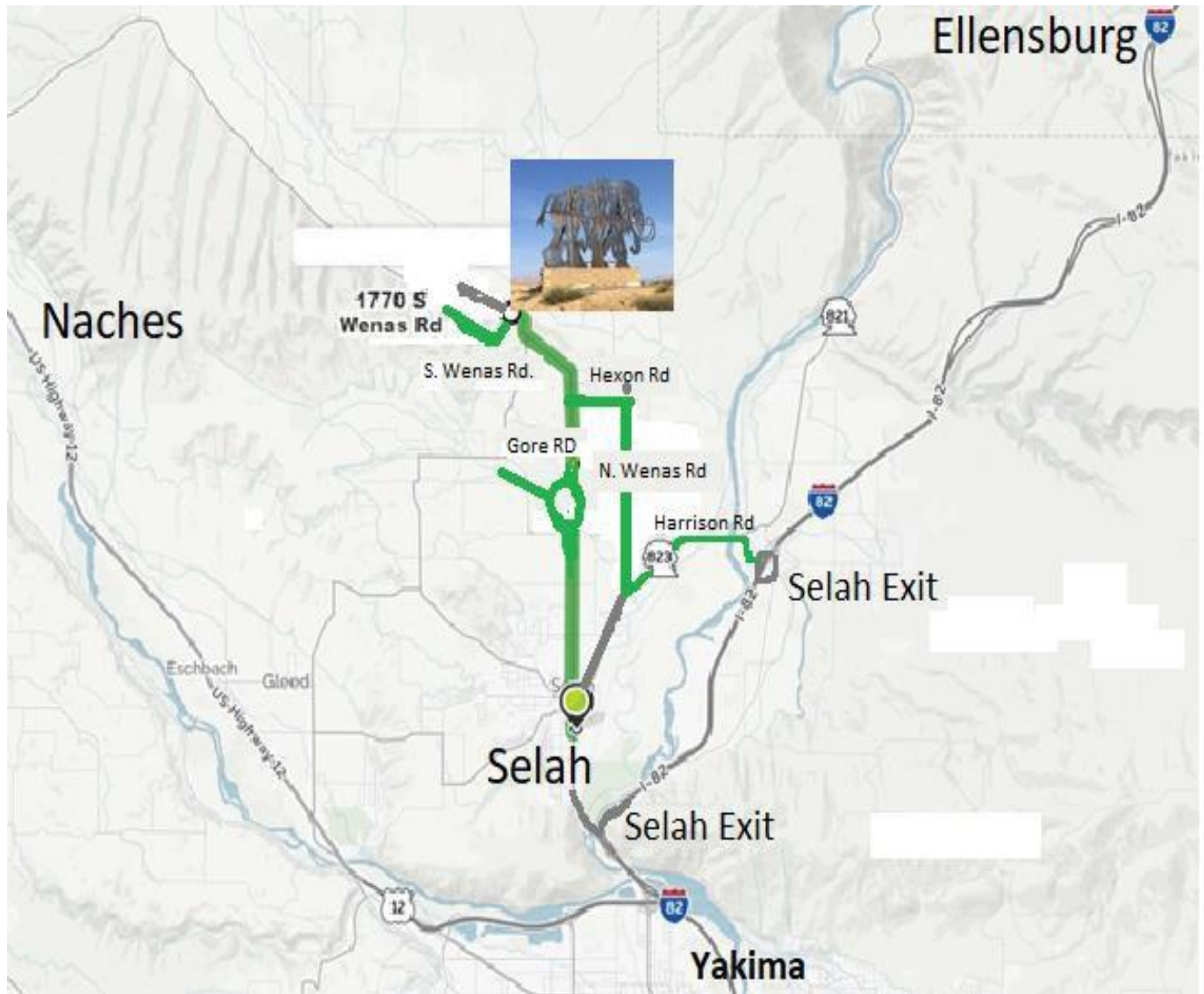
PARENT/GUARDIAN SIGNATURE:		DATE:
HOME PHONE #:	CELL PHONE #:	WORK PHONE #:

## III. AUTHORIZATION FOR SELF-ADMINISTRATION/SELF CARRY (OPTIONAL)

*This section should only be completed if this medication is approved for self-administration.* Self-carry is only permitted for emergency medication such as inhalers, insulin and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I consent that the youth named above is able to self-administer the medication listed. I authorize self-administration of the above listed medication for the youth named above under the supervision of an authorized youth camp operator/staff member. If indicated below, the youth named above may self-carry emergency medication.

PRESCRIBER'S SIGNATURE (authorizing self-administration)	SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – Not emergency medication	DATE:
PARENT/GUARDIAN'S SIGNATURE (authorizing self-administration)	SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – Not emergency medication	DATE:



**Directions:** — The location of the WMF's Paleontology Summer Youth Day Camp is at 1760 South Wenas Road, Selah, WA (Please note that this is on South Wenas Rd, not North Wenas Rd).