



Healthy Herd Youth Camp Enrollment Packet

Marshall University
Campus Recreation

The information within this packet is required for children to participate in our camp. The information is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to the camp director upon the participant's arrival in camp. Provide complete information so that the camp can be aware of your needs. **Please Note:** You will not be able to drop off your child for camp unless this packet is completed in its entirety.

Mail or email this form to the address below prior to the start of the session

Marshall Recreation Center
Attn: Lindsey Peterson
402 Thundering Herd Drive
Huntington, WV 25755
reccamps@marshall.edu

Each Camper will need the following documentation on file BEFORE they attend camp

- **Emergency Information/Permission for Children in Child Care Settings (2)**
 - This document is only provided once to parents. Upon arrival, a copy of the document will be made, and a legal guardian will need to sign both documents in original ink.
- **Child Health Assessment (1) – Please note that this will require a physician's signature**
- **Marshall Rec Center Assumption of Risk Waiver (1)**
- **Marshall Rec Center Climbing Wall Waiver (1)**

In addition to the paper forms, please fill out the online enrollment form before their first day of camp. This online form will be emailed to you and can be found using the QR code below.



The Healthy Herd Youth Camp does NOT administer medication to campers. Should your child have emergency medication or need special accommodation please contact the Camp Director before your child's first day at camp.

The Healthy Herd Youth Camp retains the right to deny admission to any camper who does not have a completed health history packet on file. Refunds will not be given for denial of entry based on these circumstances. Any questions should be directed to the Camp Director.

It is recommended that the packet be filled out in advance to avoid delay during camper drop off. As noted, some documents will require a signature from a medical professional. Please make arrangements for these documents to be filled out prior to dropping your child off for camp.



Child Health Assessment

Child's Name _____ Parent/Guardian _____
DOB ____/____/____ Home Phone _____ Address _____
Child Care Facility/School _____
Child Care Facility/School Phone _____ Work Phone _____

Note: A copy of the HealthCheck exam report attached to a copy of the child's immunization record may be substituted for this form.

Health history and medical information pertinent to routine child care and emergencies:

Date of Exam ____/____/____

Allergies to food or medicine:

Length/Height	Weight	Head Circumference	Blood Pressure
____ in/cm %ile ____	____ in/cm %ile ____	____ in/cm %ile ____	____ in/cm %ile ____

Physical Examination	Normal	Abnormal/Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic/Tone		
Developmental (e.g. ddst)		

Immunizations	Birth to 1 Month	2 Month	4 Month	6 Month	12-18 Month	4-6 Years
DTP/DTaP						
Polio						
HIB						
HEP B						
MMR						
Varicella						
Other (PCV7)						

Note: Ages and number of boosters may vary when immunizations start at older ages.

Screening Tests (If completed)	Date	Normal	Abnormal/Comments
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Tuberculosis (TB)			
Hearing			
Vision			

Date of Last Dentist's Exam _____

Note: Age-appropriate health services and immunizations must follow the schedule recommended by AAP.

Health Problems or Special Needs	Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

Medical Care Provider

Address

Phone

MD
DO PA
CRNP

Date

Signature of Physician or CRNP



West Virginia Department of Health and Human Resources

Emergency Information/Permission Form for Children in Child Care Settings

A. Family Information

1. Child's Name: _____ Birth Date: _____ Gender: ☐ Male ☐ Female

Home Address: _____

Child's School: _____ School Phone: _____

School Address: _____

Child's Doctor: _____ Doctor's Phone: _____

Doctor's Address: _____

Insurance Company: _____ Policy Number: _____

Preferred Hospital/Clinic for Emergency Care: _____

2. Parent/Guardian Name: _____ Phone: _____

Address: _____

Employer/School Name: _____ Work/School Phone: _____

Employer/School Address: _____

3. Parent/ Guardian Name: _____ Phone: _____

Address: _____

Employer/School Name: _____ Work/School Phone: _____

Employer/School Address: _____

B. Emergency Contact: Names and telephone numbers of individuals to contact in case parents cannot be reached in an emergency:

Name	Physical Address	Telephone Number

C. List of people with permission to pick child up from care (anyone not listed cannot pick up child without written permission from parent):

Name	Physical Address	Telephone Number

Special Instructions: Biological/custodial parents must be given access to their children unless there is a court order¹ preventing contact. Individuals with court orders against them preventing child pick up:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Other restrictions on child pick-up: _____

D. List any allergies, illnesses, regular medications, special needs and concerns:

E. Permission to Receive Medical Care:

I, _____ give my permission for _____
(Name of Parent/Guardian) (Child Care Provider Name)
to consent for _____ to receive emergency medical, dental or surgical
(Name of Child)
treatment if I cannot be reached. I place the following restrictions on medical treatment : _____

F. Permission to Transport:

- ☐ I do not give the child care provider permission to transport my child for non-emergency reasons.
- ☐ I give the child care provider permission to transport my child for non-emergency reasons, such as to and from school or school activities, shopping, field trips, etc.
- ☐ In the event of an emergency, I prefer that the child care provider call an ambulance to transport my child.
- ☐ In the event of an emergency, I give permission for the child care provider to transport my child.

I place the following restrictions on transportation: _____

Parent/Guardian Printed Name: _____ Date: ____ / ____ / ____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

**Marshall Recreation Center and Campus Recreation
Assumption of Risk, Waiver, and Release from Liability**

In consideration of the use of the property, facilities and/or services of the Marshall Recreation Center, owned by Provident Resource Group - Marshall Properties, LLC, and the Department of Campus Recreation, managed by CENTERS, LLC, including any travel related thereto, the undersigned agrees as follows:

1. **RISK FACTORS.** The undersigned understands and acknowledges that the use of equipment and facilities provided by the Department of Campus Recreation at Marshall University and participation in Campus Recreation programs (Intramural, Informal, Instructional, Group Fitness, Physical Sports, Weight and Cardiovascular Training, Climbing, Swimming and any other programs and services sponsored by Campus Recreation and/or activities occurring in the building) involves risk including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis and possibly death. These risks may result from the use of the equipment or facilities, from the activity itself, from the acts of others or the or from the unavailability of emergency medical care.
2. **ASSUMPTION OF THE RISK.** The undersigned voluntarily assumes all risks described in Section 1 above that may arise out of or result from the use of the equipment or facilities, and/or the services of the Marshall Recreation Center. Exception being any injuries caused by the gross negligence or willful or wanton misconduct of any officials, officers, employees, agents, or volunteers of Marshall University, Provident Resource Group - Marshall Properties, LLC, and CENTERS, LLC.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures. The undersigned agrees to comply with and abide by all rules and regulations of the Marshall Recreation Center and of Marshall University. The Campus Recreation staff reserves the right to temporarily or permanently revoke or terminate the undersigned's membership privileges for any violations of the rules and regulations of the Marshall Recreation Center and of Marshall University or for any violations of the policies and procedures relating to the activities, facilities, and/or equipment of the Marshall Recreation Center.
4. **PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment, facilities, and to participate in programs and activities developed by Campus Recreation. The undersigned agrees that if he or she has any questions as to what skills, qualifications, or training is necessary to properly use the equipment, facility, or participate in such programs and activities, then he or she shall direct such questions to the appropriate Campus Recreation staff member on site.
5. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
6. **INDEMNIFY AND DEFEND.** The undersigned hereby releases, waives, indemnifies and holds Marshall University, Department of Campus Recreation, CENTERS, LLC, Provident Resource Group - Marshall Properties, LLC, and all of their officers, trustees, directors, employees, and agents (hereinafter jointly referred to as "indemnitee") harmless from any and all claims, causes of action, suits, liability, losses, or damages for any property damage, property loss or theft, personal injury, death or other loss arising from or relating to the undersigned's use of the property, facilities, and/or services of the Marshall Recreation Center.
7. **PAY.** The undersigned agrees to pay for any and all damages to any property or indemnitee caused by the undersigned negligently, willfully or otherwise.
8. **REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
9. **CONSENT FOR EMERGENCY TREATMENT.** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
10. **INSURANCE.** The undersigned understands the Campus Recreation does not carry participant insurance and that the undersigned will be solely responsible for any medical, health or personal injury costs relating to undersigned's use of the property, facilities and/or services of the Marshall Recreation Center. The undersigned is encouraged to have a medical physical examination and purchase health insurance prior to any and all participation.
11. **JURISDICTION.** This Assumption of Risk, Waiver, and Release from Liability Agreement shall be governed in all respects by the laws of the State of West Virginia. The parties agree to use the State of West Virginia for Jurisdiction and the County of Cabell as Venue for any disputes between the parties.
12. **SEVERABILITY.** If any term, clause, or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Agreement, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability Agreement and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.
13. **ACKNOWLEDGMENT.** The undersigned has read and fully understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.

PARTICIPANT NAME: _____

SIGNATURE: _____ DATE: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Gender: _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Consent and Release on Behalf of Minor

I am the parent or legal guardian of the above named minor. I have read and understand the agreement and realize it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the agreement. I also give my consent to the participation in the activity of the minor.

SIGNATURE: _____
(Signature of Parent/Legal Guardian Consent and Release on Behalf of the Minor)



MARSHALL RECREATION CENTER INDOOR CLIMBING WALL ACKNOWLEDGMENT OF RISK AND RELEASE

Rock Climbing/Rappelling: There are significant elements of risk in any activities at the climbing wall. It is not always within the power of the Centers LLC, staff to protect participants at all times from the hazards of rock climbing or rappelling. The risk involved in indoor climbing includes known and unknown dangers such as loss of or damage to equipment, accidental injury, permanent trauma, or loss of life.

Acknowledgment of Risk: I hereby acknowledge and agree that the use of the Marshall Recreation Center Climbing Wall owned by Provident Resource Group - Marshall Properties, LLC, and the Department of Campus Recreation, managed by CENTERS, LLC, has inherent risks. I have full knowledge of the nature and extent of all risks associated with wall climbing, including but not limited to:

- ◆ Injuries resulting from falls from high elevations (up to 35 feet), impacts against the wall or landing surface, or collisions with other participants or objects.
- ◆ Injuries such as cuts, bruises, abrasions, strains, rope burns, or injuries caused by falling equipment or debris.
- ◆ Risks arising from the use of personal climbing equipment, including the responsibility to inspect and maintain personal harnesses.
- ◆ Injuries or accidents due to failure to follow safety policies, procedures, or directions from wall staff.
- ◆ Risks caused by the actions, falls, or negligence of other participants, including belayers, and the responsibility to verify climbing partner certifications and skill levels.
- ◆ Injuries from misuse of equipment or facilities, as well as slips, trips, or falls while using the climbing area.
- ◆ Injury from choosing not to wear a helmet. I understand that helmets are provided free, and by choosing not to wear a helmet, I am exposing myself to an increased risk.

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death.

Assumption of Risk and Responsibility: In recognition of the inherent risks associated with the use of the Marshall Recreation Center Climbing Wall, I, the undersigned, on behalf of myself, my heirs, representatives, executors, administrators, and assigns, agree to release Centers LLC, Marshall University, its agents, officers, employees, participants, volunteers, and all other entities acting on its behalf from any claims or causes of action, including those arising from the negligence of Marshall University or its employees.

- ◆ I acknowledge that rock climbing and rappelling involve inherent and unanticipated risks, which may result in physical or emotional injury, paralysis, death, or damage to myself, property, or others. I understand that these risks cannot be eliminated without compromising the essential nature of the activity.
- ◆ I voluntarily choose to participate in this activity despite its risks and expressly agree to assume full responsibility for all associated risks.
- ◆ I certify that I have adequate insurance to cover any injuries or damages I may experience or cause while participating, or I agree to bear those costs myself. Additionally, I confirm that I am in good health and have no conditions that could compromise my safety or the safety of others during this activity.
- ◆ Should Provident Resource Group – Marshall Properties, CENTERS, LLC, Marshall University, or their representatives incur attorney's fees or costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have fully read and understood the policies, procedures, acknowledgment of risks, and assumption of responsibility outlined above. I agree to abide by these policies and follow all directions provided by the climbing wall staff. I understand that the terms of this agreement are legally binding.

For participants under 18: By signing, I certify that I am the parent or legal guardian of the named minor. I have read and understood this agreement, acknowledge that it includes the surrender of valuable legal rights for both the minor and myself, and consent to the minor's participation in this activity. A parent or guardian must be present unless participation occurs as part of an organized group event arranged through Campus Recreation.

Participant Name (Please Print): _____

Signature: _____

*Parent or Guardian must sign for participant if under 18

Date: _____