

Cross County Camp Registration

For all family members attending camp Circle t-shirt size for each... adult sizes

Runner's Name _____	S	M	L	XL
Runner's Name _____	S	M	L	XL
Parent's Name _____	S	M	L	XL
Sibling _____	S	M	L	XL
Sibling _____	S	M	L	XL

Phone () _____ e-mail _____

Any dietary restrictions? _____

Please make check payable to Holly Pupino

_____ CHS runner @ \$120 each	\$	_____
_____ Parent Chaperone..... S M T W	\$	_____ N/A _____
_____ Sibling @ \$10 per day.... S M T W	\$	_____
_____ Sibling @ \$10 per day.... S M T W	\$	_____
Total	\$	_____

Siblings wishing to participate in high/low ropes will have to pay \$16 per day or \$32 to do both low and high ropes on Monday and Wednesday. Bring cash or checkbook to camp.

Copley Cross County Camp Participant Agreement

In consideration of _____ (runner) being allowed to participate in the Copley Cross Country Team Camp July 24 to 28, 2011, as parent and/or guardian, I hereby agree to the following terms and conditions:

1. Except to the extent an injury or death is caused by acts or omissions of the following, I agree to hold Copley's coaches and those individuals assisting in organizing the above referenced Copley Cross County Team Camp (such as the players' parents) harmless from any injury or death suffered by the above named player.
2. On behalf of the above-named player, I agree that I and the player will abide by the rules of the Copley Cross County Team Camp.
3. I agree to pay all fees associated with the Copley Cross County Team Camp program when due, and agree that the player may be suspended without notice for failure to pay fees promptly.

Accepted and agree to this _____ day of _____ 2011

Signature of the parent/guardian

signature of witness

Printed name of parent/guardian

printed name of witness

EMERGENCY MEDICAL AUTHORIZATION FORM

COPLEY-FAIRLAWN CITY SCHOOLS

Student Name _____

Grade _____

Address _____

School _____

Bus No. _____

Telephone _____

Purpose—To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name _____
First Last

Daytime Phone __ (____) _____

Father's Name _____
First Last

Daytime Phone __ (____) _____

Other's Name _____
First Last

Daytime Phone __ (____) _____

Name of Relative or Childcare Provider

Address _____
Zip _____

Relationship _____

Daytime Phone _____

PART I: TO GRANT CONSENT PART I OR II MUST BE COMPLETED

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____

Phone __ (____) _____

Dentist _____

Phone __ (____) _____

Medical Specialist _____

Phone __ (____) _____

Local Hospital _____

Emergency Room Phone __ (____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or, dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____

Signature of Parent/Guardian _____

Address _____

Zip _____

PART II: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action:

Date _____

Signature of Parent/Guardian _____

Address _____

Zip _____

9/93

White to Main Office

Yellow to Transportation

Pink to Athletic



HEALTH AND PERMISSION FORM

Organization/Program Copley Cross Country Team

Attendance Date 7/25 + 27 /11

Name _____ Age _____ Sex _____

Home Phone _____ Cell Phone _____

Home Address _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Health Insurance Co. _____ Policy # _____

HEALTH INFORMATION: To make your stay at LOC as pleasant as possible, we would appreciate information regarding your health and any medical problems you may have. Please complete in full.

1. Any food or drug allergies? yes no
If so, what? _____
2. Other allergies (insect bites, pollens)?
3. Is there any factor that makes it advisable for you to follow a limited program of physical activity, i.e. heart condition, recent fracture, surgery, asthma or abnormal fears? yes no
If so, specify factor and way in which you wish physical activity to be limited: _____
4. Any special dietary needs? _____
5. Date of last Tetanus shot: _____
6. Have you been exposed to any communicable disease within the past 21 days? yes no
If yes, what? _____
7. Are you bringing any medication or pill of any sort (including over-the-counter medications) to LOC? yes no
If yes, specify: _____

As advisable for any adult, we recommend that your tetanus immunization be current. Adults should receive a tetanus vaccine booster every ten (10) years throughout life. If you have any questions regarding your personal coverage, please check with your personal physician.



WAIVER AND RELEASE

Linsly Outdoor Center

Name _____ Attendance Dates 7/25 + 27/11

Name of Program/Activity Copley Cross Country Team – Team building, Low and High Ropes Course Program

I wish to enroll in the Program/Activity referred to above at the Linsly Outdoor Center, Hookstown, Pennsylvania. I recognize that some of the activities at the LOC involve physical risk, including the risk of serious injury. I hereby agree, on behalf of myself, to assume all the risks in connection with my attendance at the LOC and to release the Linsly School from any and all liabilities and claim whatsoever arising in connection with my attendance, including travel, except insofar as such negligence or willful misconduct exists.

The term Linsly School shall include the corporation named Trustees of The Linsly School and its successors, trustees, officers, agents, representatives, contractors and all persons for whose conduct the Linsly School is or could be legally responsible.

I agree that this Waiver and Release shall be construed in accordance with the laws of the state of West Virginia.

I affirm that I have read and understand this document.

Date

Signature of parent/guardian

Printed Name

Address

() _____
Telephone Number



INSURANCE INFORMATION

INSURANCE: All persons who participate in Linsly Outdoor Center programs are covered by the LOC accident insurance policy. This policy covers accidental bodily injury and accidental death and dismemberment during the course of attendance at LOC. Linsly shall provide a \$5,000 accident insurance plan covering the participant (\$5,000 death and dismemberment, \$5,000 medical accident). This plan has a \$25 deductible (\$100 deductible for cross-country skiing only) for which the participants are responsible, and this plan will not cover any expenses covered by any other valid and collectible insurance plan the participant may have. The coverage is only payable if there is no other insurance, which would normally cover these costs.

MEDICAL CONSENT: Please give your consent to medical care by signing in the spaces provided below.

I consent to and authorize emergency and non-emergency medical care to be provided in the event of a health problem, emergency or injury occurring during my attendance at LOC. I give my consent and authorization to the LOC Director or his/her designee to use his/her judgement in seeking medical care. I understand that the attempt will be made to contact emergency number in the event that medical care is needed.

_____ Date

_____ Signature of parent/guardian

PLEASE BE SURE THAT YOU HAVE READ THROUGH THE CONSENT FORM COMPLETELY AND CAREFULLY, AND HAVE SIGNED IN THE APPROPRIATE SPACES.

NOTE: A Weirton physician is on call day and night, seven days a week. The Weirton Hospital is within a fifteen-minute drive of the center.

HEALTH / PERMISSION AND WAIVER / RELEASE FORMS ARE REQUIRED UPON ARRIVAL IN ORDER TO PARTICIPATE IN LOC PROGRAMING.

In case of emergency, contact:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In case of emergency, you can reach the Linsly Outdoor Center at (724) 899-2100.

The Linsly Outdoor Center has had an excellent safety record since its inception in 1987. We cannot guarantee to you that no accidents or injury will occur. We can insure you, however, that the safety of the participants in our programs is a very high priority.

Things to Bring to XC Camp

Clothes

- Several pairs of running shorts
- 7 or 8 pairs of socks
- T-shirts for running
- Pajamas
- Underwear
- Sweatshirt or jacket for cold evenings
- 1 pair of long pants (necessary for "high ropes")
- Bandanna for high ropes
- Casual clothes (shorts, shirts for free time)
- Bathing suit
- Tall socks (to protect legs from thorns while running overgrown trails)

Camp is not the place for anything new

Shoes

- 2 pairs of running shoesthey will get muddy.
- Flip flops or Crocs for shower
- Pair of shoes for rest of the day

Other

- Personal hygiene items (toothpaste and brush, soap, shampoo, etc.)
- Air mattress for twin size bed (and pump)
- Sleeping bag or sheets and blanket
- Pillow
- Towels (2 bath towels, wash cloth, beach towel)
- Flashlight
- Sunscreen
- Sunglasses (optional)
- Bug spray
- Water bottle
- Lawn chair (collapsible)
- Rain gear (i.e. poncho)
- Camera (optional)
- Fan (any size)
- Extension cord
- Games, craft supplies (optional)
- Books (optional)
- Plastic bag for transporting dirty clothes home
- Clothes line & detergent (most girls bring; most boys don't)

Medications Prescription or OTC meds coming to camp must be listed on medical form

Don't Bring

- TV
- Food (snacks are always available)
- Weapons, fireworks or anything else that's illegal!

RULES FOR CAMPING

- Chaperones have complete authority
 - Problems will be addressed by the coaching staff
- Copley High School Code of Conduct *will* be enforced
- NO DRUGS, ALCOHOL OR SMOKING WILL BE ALLOWED
- NO WEAPONS - GUNS, KNIVES, ETC.
 - Pocket knives are permissible
- NO COHABITATION IN CABINS OR IN THE SEPARATE CAMP AREAS AT ANYTIME.
- Separate, camps will be used for boys and girls.
- The buddy system will be used when leaving camp. Groups of 4 are required to travel together when leaving the campsite
- When running on the trails, runners are to run with others, they are not to be by themselves at any time
- All campers must be in camp from dusk to dawn.
- All campers must check in during each meal (breakfast, lunch & dinner) and at the end of each run.
- No kids will be allowed to drive during this camp trip
- Each camper is responsible for his or her own fishing licenses. The state of (Pennsylvania requires that each fisherman/women over 16 have their own license)
- Wake up time will be 5:30 a.m. or earlier.
- Quiet time will begin at 9:00 p.m. (per state park rules) At this time, campers will be in their respective boys and girls camps. They will be in their cabins resting and preparing themselves to run the next morning.

VIOLATION OF ABOVE RULES WILL RESULT IN HAVING HIS/HER PARENTS CALLED AND OR BEING SENT HOME



The Linsly Outdoor Center (LOC) serves the Pennsylvania area with a variety of experiential education programs. Some of the programs include: corporate team building, a high ropes course, a low ropes course, and field initiatives. They provide a safe, fun, and challenging environment that *develops group unity and individual esteem.*



Team Building and Low Ropes -

MONDAY

Field initiatives are problem-solving activities that require teamwork and novel thinking strategies. The LOC staff will guide the group through a series of initiatives designed to provide a safe, fun, and educational experience. Periodic “debriefs” allow time to discuss issues confronting the group and individuals and to relate the activities to real-life situations. After successfully completing several field initiatives, a group progresses to the low ropes course. The low ropes course offers eight elements requiring a high level of teamwork. The low ropes do not involve climbing, but focus on trust, mutual support, overcoming fears, developing self-confidence, and group problem-solving skills. Low ropes builds on the skills learned in Field Initiatives and is a prerequisite to use of the high ropes course.

We will have two teams, boys and girls, but they will come together for a final project.

We will set up a buffet lunch for the kids, just like they eat at camp, and supply the beverages (drink coolers)

They must dress for this in bandana or hat, closed toed shoes, longer t-shirts that can be tucked in, and longer shorts that cover or come down to the knee (they will be lifting and being lifted overhead.)



The High Ropes Course - WEDNESDAY

Must have loose pants (jeans) and a bandana (to wear under helmet) to participate

The eight-element high ropes course is a series of cables, platforms, ropes, and tires suspended thirty feet above the ground. Participants are safely attached to a climbing rope at all times. The high ropes offer the maximum perceived risk with low actual risk (i.e. a safe way to challenge yourself). They emphasize personal confidence development, commitment, and positive risk-taking. Our philosophy is Challenge by Choice. Individuals are expected to participate to the point where they feel personally challenged. This is not a “survival of the fittest” obstacle course, but a place for your group to discover its potential and delight in the feeling of personal accomplishment.

Participation in the field initiatives/low ropes team-building program is a **prerequisite** for the high ropes.