



# ACADEMY OF THE ANCIENTS

WWW.ACADEMYOFTHEANCIENTS.COM

## Academy of the Ancients Registration Packet

*\*All Sections must be filled completely for successful registration.*

### Family Information

---

Name of Contact:

Street Address:

City:

State/Province:

Zip Code:

Country:

Phone Number (Best Contact Number):

E-mail Address:

Best Contact Method:

### Camper Information

---

Name of School:

Grade Starting in Fall 2016:

#### Emergency Contacts:

Name:

Relationship:

Phone #1:

Type (Home, Work, Cell):

Phone #2:

Type (Home, Work, Cell):

Name:

Relationship:

Phone #1:

Type (Home, Work, Cell):

Phone #2:

Type (Home, Work, Cell):

Name:

Relationship:

Phone #1:

Type (Home, Work, Cell):

Phone #2:

Type (Home, Work, Cell):

### Diet and Activity

---

Any diet restrictions?

Food Allergies?

Any activity restrictions?

## **Allergies**

---

Please Describe any allergies the camper may have.

## **Medications**

---

Please List the Type and Dosage of any medications the camper will be receiving during the program.

Please list any OTC medications that your camper should NOT take:

## **Health History**

---

Ever been hospitalized?

Ever had surgery?

Have recurring/chronic illness?

History of insomnia?

Had a recent infectious disease?

Had a recent injury?

Had asthma/wheezing/shortness of breath?

Passed out/had chest pain during exercise?

Had seizures?

Had fainting or dizziness?

Had headaches?

Have problems with diarrhea/constipation?

Wear glasses, contacts, or protective eyewear?

Ever had back/joint problems?

Have diabetes?

Had "mono" in the past 12 months?

Traveled outside the country in the last 9 months?

If female, have problems with periods/menstruation?

Ever been treated for Attention Deficit Disorder  
(ADD) or Attention Deficit Hyperactivity Disorder?

Ever been treated for emotional or  
behavioral difficulties or an eating disorder?

During the past 12 months seen a professional to address mental/emotional health concerns?

## **Immunizations**

---

Please enter Yes to each dosage received by the camper. Leave blank if not received.

### **Diphtheria, tetanus, pertussis (DTaP)**

Dose 1:

Dose 2:

Dose 3:

Dose 4:

Dose 5:

### **Tetanus Booster (dT or TdaP)**

Dose 1:

Dose 2:

### **Mumps, Measles, Rubella (MMR)**

Dose 1:

Dose 2:

### **Polio (IPV)**

Dose 1:

Dose 2:

Dose 3:

Dose 4:

### **Haemophilus influenzae type B (Hib)**

Dose 1:

Dose 2:

Dose 3:

Dose 4:

### **Pneumococcal (PCV)**

Dose 1:

Dose 2:

Dose 3:

Dose 4:

### **Hepatitis A**

Dose 1:

Dose 2:

Dose 3:

**Hepatitis B:**

Dose 1:

Dose 2:

Dose 3:

**Varicella (Chicken Pox)**

Dose 1:

Dose 2:

**Meningococcal meningitis (MCV4)**

Dose 1:

**Seasonal Influenza**

Dose 1:

**Tuberculosis (TB) Test**

Dose 1:

**Insurance**

---

Is the patient covered by family medical insurance?

**Healthcare Providers**

---

Name:

Phone:

Name:

Phone:

Name:

Phone:

## **Information for your Counselor**

---

Does your child have a nickname?

Some things my camper enjoys:

Some things my camper does not appreciate:

Some things my camper may be fearful of:

Some ways to help my camper feel more comfortable:

Does your child have any special needs? (physical, mental, emotional, behavioral, social)

Does your child have any problems sleeping? (night terrors, sleep walking, bed wetting, insomnia)

Briefly elaborate upon any significant events your camper may have experienced recently, and ways we may best support your camper.

Does your camper require an epi pen or inhaler to be with them at all times?

Do you have any additional questions or concerns?

**Field for extended information:**

## **Transportation**

---

Please indicate how your camper is getting to and from camp. If you plan to use the camp busses, please fill and return the Bus Form.

**Bus Arrival**

**Bus Departure**

**Car Arrival**

**Car Departure**

Please fill the person who will be picking up and dropping off the camper, either at camp or at the bussing locations.

Full name #1:

Relationship to camper:

Phone Number

Full name #2:

Relationship to camper:

Phone Number:

Full name #3:

Relationship to camper:

Phone Number:

Full name #4:

Relationship to camper:

Phone Number:

Is there anyone who should not be allowed to pick up your camper?

## **Authorization**

---

This health history is correct and accurately reflects the health status of the individual to whom it pertains. The person described has permission to participate in all camp activities except as noted above and/or by an examining licensed medical professional. I give permission to the licensed medical professional selected by the camp to order x-rays, routine tests, and treatment related to the health of the individual for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give me permission to the licensed medical professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the individual. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of the described individual's health record from providers who treat them and these providers may talk with the program's staff about the described individual's health status.

## **Liability Waiver**

---

YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Academy of the Ancients, a program which is wholly owned and produced by Citizen Scientific Workshop, LLC (herein Academy of the Ancients), the Treasure Valley Family YMCA and its staff, volunteers and members. We, the undersigned, do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence, the negligence of my family participating in said activities, the negligence of the Treasure Valley Family YMCA, or the negligence of Academy of the Ancients. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. I also understand that I can be denied access to Academy of the Ancients, the Treasure Valley Family YMCA if my account is not current. I understand that to enter the Academy of the Ancients, the Treasure Valley Family YMCA, I will need to provide proper identification and/or access code. While on the premises of any Treasure Valley Family YMCA facility or enrolled in any Academy of the Ancients or Treasure Valley Family YMCA programs, my family and I agree to act with Caring, Honesty, Respect, and Responsibility.

Academy of the Ancients, and the Treasure Valley Family YMCA each reserves the right to use photography/videos taken within Academy of the Ancients, the Treasure Valley Family YMCA facilities and at all pertaining events and activities for marketing and promotional purposes. For more information, please contact Citizen Scientific Workshop, LLC at (208) 850-7477 or YMCA Human Resource department at (208) 344-5501

## **Additional Waiver and Hold Harmless Agreement**

---

1. I, in consideration for myself \_\_\_\_\_, receiving permission to participate in Academy of the Ancients % Citizen Scientific Workshop (HEREIN "AotA" and "RELEASEES") hereby release, waive and discharge all people involved with or associated with AotA from any and all liability, claims, demands, actions, any causes or actions whatsoever arising out of or related to any loss, damage, or injury that may be sustained by myself or to any property in the possession of myself, while participating in AotA, or while in, on, upon, or traveling to or from any program activity where AotA is being conducted.
2. I am fully aware of the risks and hazards connected with allowing myself to voluntarily participate in said activity, including the risk of physical injury or disability as the result of such injury, and I hereby allow myself to voluntarily participate in said activity. I voluntarily assume full responsibility of any risk of loss, property damage, or personal injury that may be sustained by myself, or any loss or damage to property in the possession of myself, as a result of being engaged in such activity.
3. I further agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs that may incur due to my participation in said activity.
4. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and heirs, assigns, and personal representatives, if I am not alive, and shall be deemed a release, waiver, and discharge above named Releasees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the state laws of Idaho.
5. I understand the Releasees will not be held responsible for any medical costs associated with any injury I may sustain.
6. I further agree to become familiar with the rules and regulations for my conduct and agree that i will not violate said rules or any directive or instruction made by the persons in charge of said program and that I will further assume the complete risk of any activity done in violation of said rule, directive, or instruction.
7. I also understand that I am urged to obtain adequate health and accident insurance to cover any personal injury to myself which may be sustained during the program or transportation to or from said program and activities.
8. I further understand that this is a program attended by, and that encourages the participation of various ages and gender

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily as my own free act and deed: no oral representations, statements, or inducements apart from the forgoing agreement have been made; I am fully competent; and I execute the release for full adequate, and complete consideration, fully intending to be bound by the same.

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

Printed Name \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Signee's Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone# \_\_\_\_\_

Character/Persona Name \_\_\_\_\_

**For Internal Use Only** \_\_\_\_\_

Received by: \_\_\_\_\_

Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_ Pending Information \_\_\_\_\_

Acceptance Date \_\_\_\_\_