



June, 2011

Dear Camper,

The ninth edition of the Authentic Voices of America Camp, scheduled to be held on the UW-Whitewater campus July 31-August 5, 2011, is fast approaching. I am writing to review some important information that you will need to attend to prior to the start of camp.

Attached to this letter please find three critical documents:

- (1) a checklist of items that you and your caregiver will need to bring to the camp (please note that the residence hall rooms are not air conditioned and, thus, a **fan** is strongly recommended).
- (2) an information sheet providing instructions on check-in, check out, the panel discussion for parents scheduled for the last day of camp, and a list of emergency contact numbers.
- (3) a Risk Agreement Form that is needed for field trips. This form is now required by the Risk Management and Safety office.

I look forward to meeting all of you and to getting to know you as individuals. I firmly believe that we are all in for a life-changing experience. See you on Sunday, July 31!

Sincerely,

A handwritten signature in black ink that reads 'Jon A. Feucht'.

Jon Feucht, M.S.E.
Camp Director

Enclosures



CONTINUING EDUCATION SERVICES

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790
Phone 262-472-3165 • FAX 262-472-5241 • E-mail cesevents@uww.edu

Authentic Voices of America Camp Checklist

You will need to bring all of the things that you use every day including:

- Medical/personal care equipment such as
 - Hayers
 - Wheelchairs
 - Health care supplies
 - Clearly marked medications
 - Ice Packs
- Specialized equipment that you use regularly

As mentioned in previous letters, we have a lot of activities planned and there are other things that you should plan on bringing. They are:

- Linens and pillow will be provided, but feel free to bring your own if you wish
- A swimming suit/towel—swimming device
- A bathing towel/wash cloth
- 5 or more changes of clothing
- Pajamas
- Underwear
- Socks
- Shoes
- Soap
- Shampoo/conditioner
- Toothbrush/toothpaste
- Comb
- Shaving cream/razor
- Fan! (the residence hall rooms are not air conditioned)
- Sunscreen
- Some extra spending cash
- Bug spray
- A jacket for outdoor activities
- Alarm clock
- Balance of payment due
- The enclosed Risk Agreement

**Authentic Voices of America Camp
July 31-August 5, 2011**

General and Emergency Information

CHECK-IN: Check-in will be Sunday, July 31 at Knilans Hall (see the map for location) from 2:30-4:00. If, due to some extraordinary circumstance, you must arrive late or early, please let us know by calling 262/472-3165.

CHECK-OUT: Check-out will be Friday, August 5 from 2:00-3:30 p.m. Once again, if you **MUST** leave early or late, please let us know by calling 262/472-3165.

EMERGENCY: Should you need to be contacted while you are at camp, you may have your parents call at the numbers listed below. The staff will have the cell phone throughout the week.

CAMP CELL:

920-723-8729

There is no voice mail on the cell. If you can't get through, please try the following numbers:

*** DAN PRICE, Camp Administrator

262-472-3169 – Office

612-414-7428 – Cell

Email: priced@uww.edu

SUMMER CAMP OFFICE

262-472-3165

EMERGENCY PHONE NUMBER

262-472-4200

Knilans Hall COUNSELOR ROOM

262-472-2882 (This room has an answering machine; if no one answers, leave a message and a staff member will return your call as soon as possible.)

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in the University of Wisconsin – Whitewater’s AVA Field Trip(s) from July 31 to August 5, 2011.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT: RISK MANAGEMENT AND SAFETY AT (262)-472-1856.

Assumption of Risks:

I understand that not all risks can be foreseen and there are some risks which are unpredictable. I understand that certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I am aware of the risks of participation, which include, but are not limited to, the possibility of physical injury, fatigue, bruises, contusions, broken bones, concussion, paralysis, and even death. I understand that the university has advised me to seek the advice of my physician before participating in the above named program. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ Date: _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, volunteers, and all others who are involved, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Whitewater, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ Date: _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin-Whitewater and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18*): _____ Date: _____

*If your son, daughter or ward will be under 18 while participating, it is our policy to request your agreement to the above terms on behalf of your minor son, daughter or ward.

HEALTH HISTORY QUESTIONNAIRE

Participant

Name _____ Camp/Event _____ Camp Dates _____

Home Address _____ City _____ State _____ Zip _____

Sex () M () F D.O.B. _____ Height _____ Weight _____ Email _____

Parent/Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Address if different than participant's _____

Contact person in case of injury or illness.

Name _____ Relationship _____ Phone _____

Name of Physician _____ Phone _____

Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)

Dose 1 - Immunization at 12 months

Dose 2

Tetanus-Diphtheria

Year of initial series

Year of last tetanus booster

Has the participant ever had major surgery or been hospitalized? () Yes () No
 Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes

IF YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

- () Penicillin _____
- () Other Antibiotics _____
- () Other Medicines (type) _____
- () Insect Bites/Stings _____

Has participant had or is presently experiencing the following (check box if YES)?

- () Allergies _____
- () Asthma _____
- () Bleeding Disorder _____
- () Cancer _____
- () Colitis _____
- () Diabetes _____
- () Epilepsy/Seizures/Blackouts _____
- () Heart Disease _____
- () Hernia _____
- () Other _____
- () High Blood Pressure _____
- () Joint Injury/Surgery _____
- () Kidney Disease _____
- () Menstrual Difficulties _____
- () Mental/Emotional Problems _____
- () Neck/Back Pain/Injury _____
- () Rheumatic Fever _____
- () Tuberculosis _____
- () Ulcer _____

CONSENT FOR MEDICAL TREATMENT

• If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.

• By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.

• By signing below you are stating that you are aware of and accept the risk inherent in the program activity.

• By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.

Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION

PARENTS OF CAMPEERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

_____ No medication has been brought to camp.

_____ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) _____

_____ My son/daughter/ward has brought the following emergency medication (i.e. bee sting kit, inhaler) to camp and has our permission to self administer them. Please complete the following.

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special Instructions _____

_____ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special Instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special Instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special Instructions _____

Signature of Parent/Guardian _____ Date _____

PARENTS OF CAMPEERS AGE 14-17:

PARENTS OF CAMPEERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

_____ No medication has been brought to camp.

_____ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special Instructions _____

Signature of Parent/Guardian _____ Date _____

_____ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special Instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special Instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

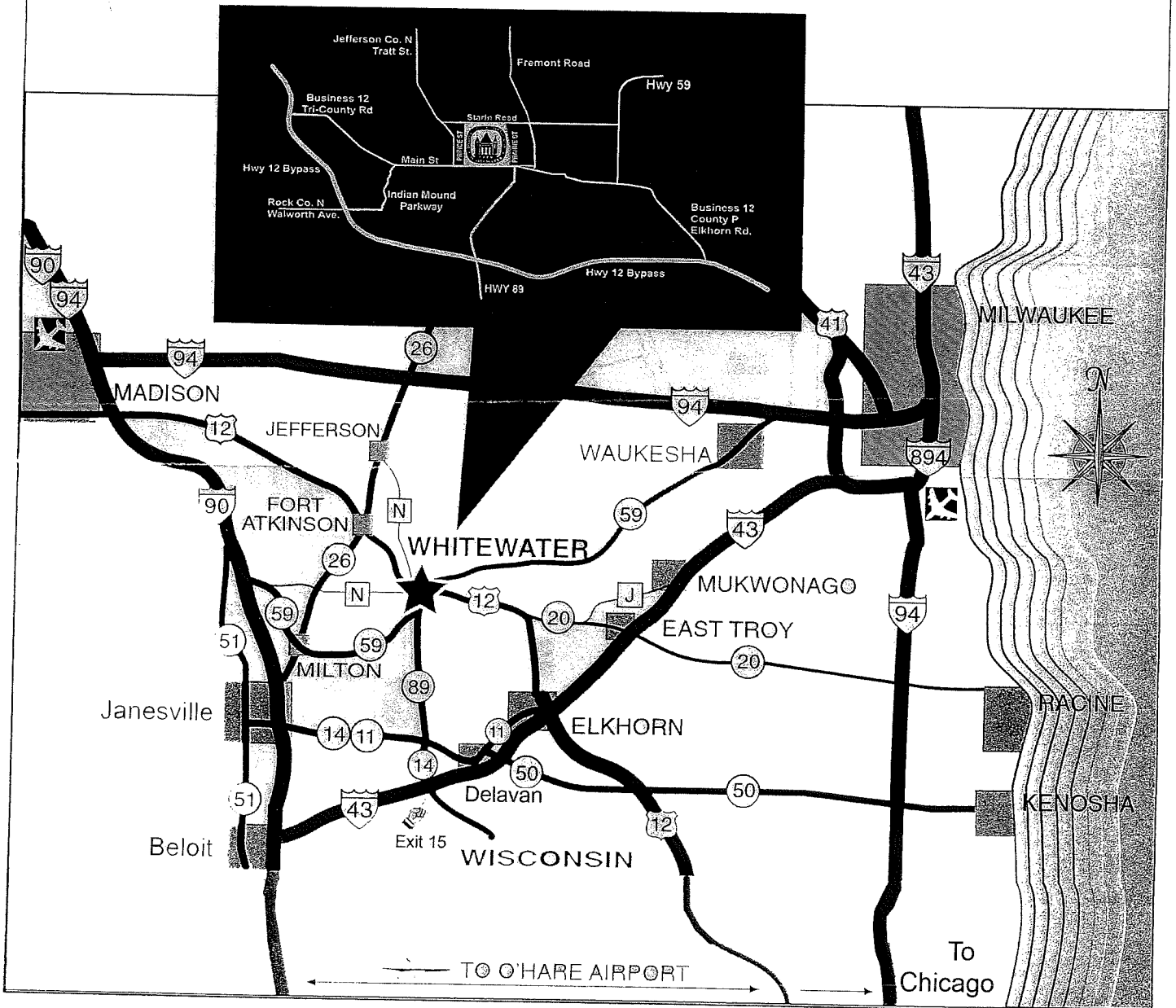
Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

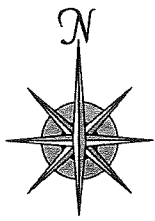
Days to be taken _____ Special Instructions _____

Signature of Parent/Guardian _____ Date _____



UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.





22
LAWSON LOT

OUTDOOR ATHLETIC COMPLEX
FOSTER TRACK
PRUCHA BASEBALL DIAMOND
VANSTEENDEREN SOFTBALL COMPLEX
VARSITY SOCCER FIELD
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM
STADIUM ATHLETIC BUILDING
STUDENT ATHLETIC COMPLEX

PICNIC AREA

UW-WHITEWATER
NATURE PRESERVE, TRAILS
& RECREATION AREA

24
STADIUM LOT

18
ESKER LOT

19
TUTT-WELLERS LOT

INTRAMURAL FIELDS
RUGBY FIELD

11
WILLIAMS CENTER LOT
DAVID L. KACHAUZLIK FIELDHOUSE
WILLIAMS CENTER

ESKER DINING HALL
POWER PLANT

TUTT HALL
WELLERS HALL
KNILANS HALL
WELLS RESIDENCE HALL

8
BIGELOW LOT

TENNIS COURTS

9
WARHAWK DRIVE LOT

CALVARY CEMETARY

17
FISCHER LOT

CAMPUS MINISTRY

LOT 4
STARIN PARK

BIGELOW
LEE
CLEM
FRICKER
DRUMLIN DINING HALL
AREY
BENSON

8
BIGELOW LOT

7
STARIN ROAD LOT
VISITOR CENTER

FISCHER
GODDUE
MORaine BOOK STORE

15
HC LOT
HEALTH CENTER

W. STARIN RD.

W. STARIN RD.

STARIN HALL
LOT 3

WHITE HALL
HYLAND HALL

14
STARIN-PRAIRIE LOT
UPHAM HALL

CARLSON HALL

MCCUTCHEAN

ROSEMAN
WINTHER HALL
HEIDE HALL

FLORENCE STREET

W. FLORENCE STREET

2
CARLSON LOT

LITTLE RED SCHOOLHOUSE
LOG CABIN
OBSERVATORY

UNIVERSITY CENTER

12
LIBRARY LOT

IRVIN L. YOUNG AUDITORIUM
GREENHALL CENTER OF THE ARTS

ALUMNI CENTER
HYER HALL
CHOPP ARBORETUM
SALISBURY ARBORETUM

WYMAN MALL
MCGRAW HALL
ANDERSEN LIBRARY

N. TRAIT STREET

N. PRINCE STREET

N. PRAIRIE ST.

N. ESTERY ST.

US HWY 12

W. MAIN STREET