

UNIVERSITY OF WISCONSIN  
WHITEWATER

June, 2011

Dear Camper:

The time is getting closer for the start of our Cross Country Camp. I am very excited about this camp and I am sure you will enjoy your time here in Whitewater. Please remember to bring those items you will need which will not be provided (i.e., sleeping bag, sheets, pillow, shampoo, soap, toothbrush, etc.). Also, bring any items such as tennis rackets, baseball glove, swimming suits, etc. which you will be able to use during some of your free time.

Registration will be from 4:30 p.m. - 6:00 p.m. on Sunday, July 17 in the basement of Tutt Hall. Please be there between these times so we can get started right away. The balance of your payment for the camp is due at this time and can be paid in cash, MasterCard or Visa, or with a check payable to UW-Whitewater.

Please remember to bring the enclosed Health History Questionnaire/Consent Form. Make sure all information is current and correct. The emergency number is very important, so make sure that, if necessary, this number will be a reliable source to give information. Also, please bring the enclosed Risk Agreement Form that is needed for field trips. This is a new form that is now required by the Risk Management and Safety office.

I would advise those going to any cross country camp to do some running before coming to a camp. Those people who do no running at all and then come to a running camp tend to get very sore or injured. Make the experience as enjoyable as possible by first preparing yourself for the demands that running will put on your body at the camp. I would suggest running a minimum of 20-30 minutes 5-6 days a week from now until the camp starts with many of you, hopefully, doing more.

Should your parents need to contact you while at camp, they may call these numbers:

262-472-3165

472-4339

262-472-4200

Continuing Education/Camp Office - 7 am to 4:30 pm  
Tutt Hall Staff Room - 4:30 pm to 7 am (If no one answers, leave a message on the answering machine and the call will be returned by a camp staff member.)  
Emergency Phone Number

Sincerely,

Jeff Miller  
Cross Country 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@uw.edu

# THINGS TO REMEMBER

## For Camp

Running shoes - 2 pair (maybe an additional pair of racing flats)  
Several pairs of socks  
Several running shorts  
Several shirts  
Rain suit or sweat suit  
Swimming Suit

## Personal Clothing and Packing List

Undergarments  
T-shirts  
Blue jeans  
Light coat  
Pajamas  
Shoes  
Pillow  
Fan (optional)  
Towels  
Soap/Shampoo/Deodorant  
Toothbrush/Paste  
Sun screen/Lotion  
Insect Repellent  
Linens (a sleeping bag may be more convenient)

## 2011 WARHAWK CROSS COUNTRY CAMP RULES

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students so dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. There will be no refund of fees for violation of this policy.
2. All campers are confined to the University campus proper; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you only while you are on campus and for camp-related accidents. If you are a commuter, this insurance will not cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; the University and the camp are not responsible for lost items. KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM COMBINATION OR KEYS WITH OTHERS.
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.
9. Any camper who is ill or injured should first notify instructors if possible. If not, report to training room inside Williams Center.

-Over-

**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 Field Trips during July 17-22, 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.

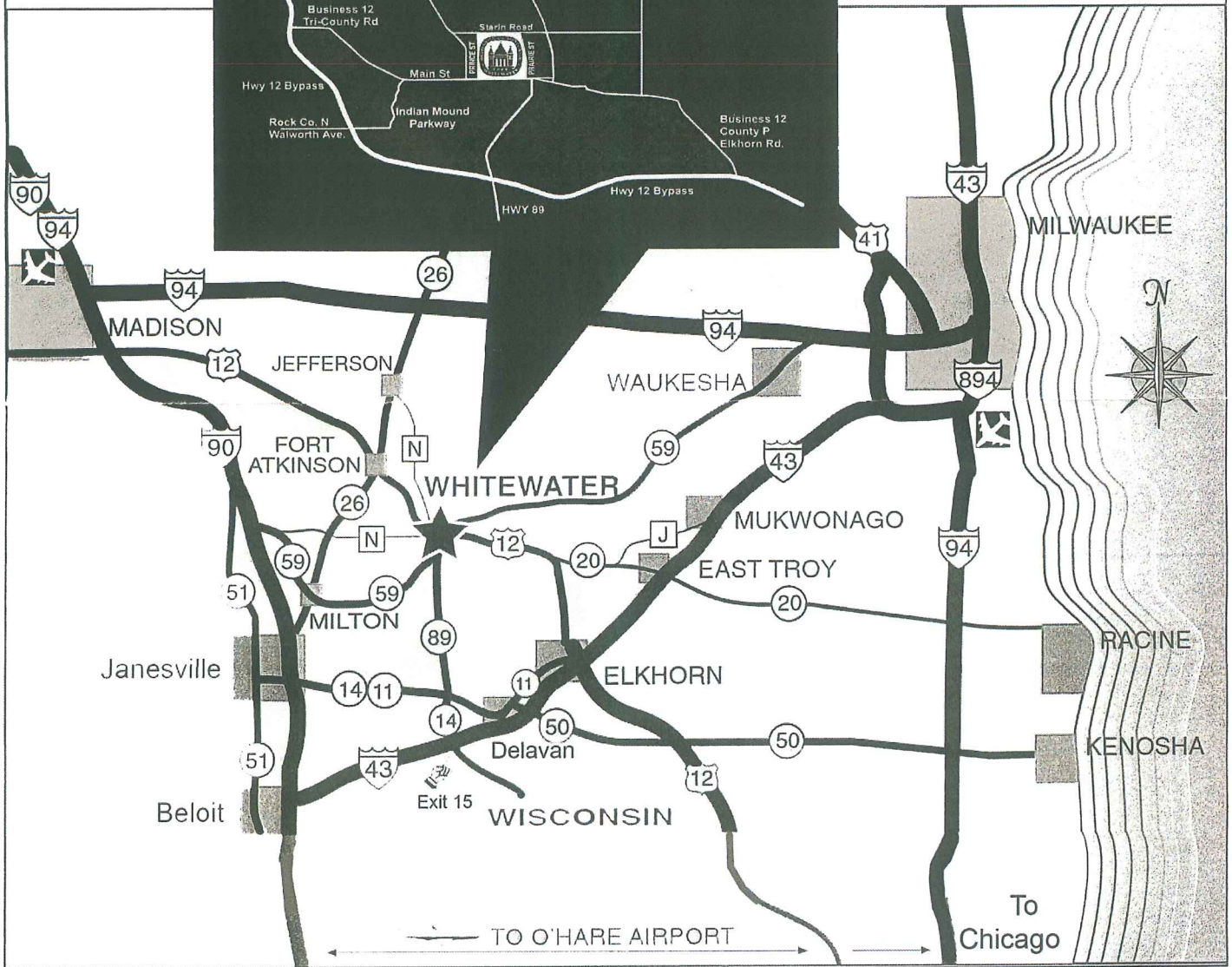
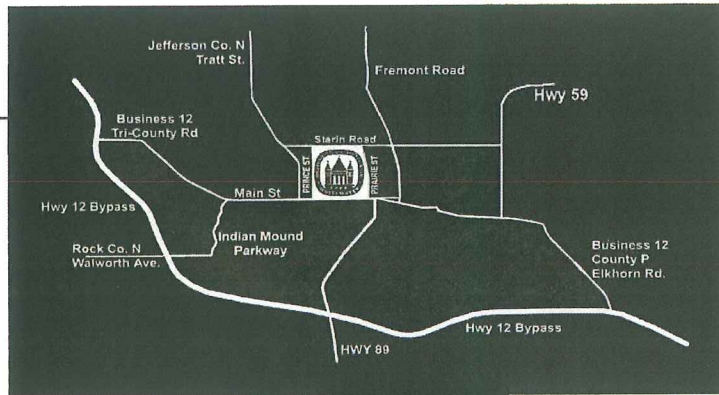
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.



UNIVERSITY OF WISCONSIN  
**WHITEWATER**  
STAY CLOSE. GO FAR.



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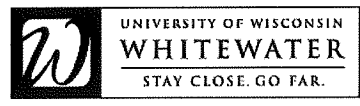
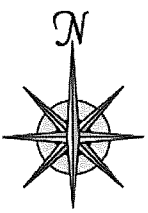
LAWSON LOT

**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



UW-WHITEWATER NATURE PRESERVE TRAILS & RECREATION AREA

PICNIC AREA

24 STADIUM LOT

18 ESKER LOT

19 TUTT-WELLERS LOT

INTRAMURAL FIELDS

RUGBY FIELD

DAVID L. MACHELDAK FIELDHOUSE  
WILLIAMS CENTER

11 WILLIAMS CENTER LOT

ESKER DINING HALL

TUTT HALL

WELLERS HALL

WELLS RESIDENCE HALL

KNILANS HALL

POWER PLANT

17 FISCHER LOT

CALVARY CEMETARY

8 BIGELOW LOT

TENNIS COURTS

9 WARHAWK DRIVE LOT

7 STARIN ROAD LOT

VISITOR CENTER

BIGELOW  
LEE  
CLEM  
FRICKER  
DRUMLIN DINING HALL  
AREY  
BENSON

8 BIGELOW LOT

15 HC LOT

HEALTH CENTER

STARIN PARK

WHITE HALL

HYLAND HALL

14 STARIN-PRAIRIE LOT

UPHAM HALL

STARIN HALL

LOT 3

CARLSON HALL

2 CARLSON LOT

LITTLE RED SCHOOLHOUSE

LOG CABIN

OBSERVATORY

ALUMNI CENTER

HYER HALL

ROSEMAN

WINTHER HALL

HEIDE HALL

PERKINS AUDITORIUM

GREENGLASS CENTER OF THE ARTS

1 ARTS LOT

CHOPP ARBORETUM

SALSBURY ARBORETUM

MAGRAW HALL

ANDERSEN LIBRARY

12 LIBRARY LOT

SCHWAGER DR.

SCHWAGER DR.

SCHWAGER DR.

SCHWAGER DR.

W. STARIN RD.

W. STARIN RD.

W. STARIN DR.

W. LAUDERDALE DR.

W. LAUDERDALE DR.

LOT 4

W. STARIN RD.

ENCE STREET

W FLORENCE STREET

N. TRAIT STREET

N. PRINCE STREET

WYMAN MALL

WYMAN MALL

US HWY 12

W MAIN STREET

N. PRAIRIE ST.

N. ESTEVES ST.

# HEALTH HISTORY QUESTIONNAIRE

Participant Name \_\_\_\_\_ Camp/Event \_\_\_\_\_ Camp Dates \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex ( ) M ( ) F D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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 ADMINISTRATION

### PARENTS OF CAMPERS 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 and initial one of the three below:**

           *initial* No medication has been brought to camp.

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

           *initial* 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 <b>prescription medication</b> 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 CAMPERS 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 and initial one of the two below:**

           *initial* No medication has been brought to camp.

           *initial* 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