



What is Meltdown?

It's a snow-filled, action-packed, faith-stretching weekend for those in grades 6-9.

You'll experience the thrill of downhill skiing, tubing and snowboarding, in addition to razzelblast and broomball. Your faith will grow with great times of worship, teaching and small-group discussions.

COST:

Deposit/person\$ 25.00
Due on Arrival/person\$ 99.00
Total Fee/person.....\$124.00

DEPOSITS ARE NOT REFUNDABLE OR TRANSFERABLE.

Fee covers housing, meals, and activities, but does not include equipment rental. Campers need to bring their own bedding, pillow, and towels.

GENERAL INFORMATION

Registration is at 5-7 p.m. on Friday and camp ends at 11 a.m. on Sunday

RENTALS:

Downhill.....\$15.00/set for full camp
Snowboard\$20.00/set for full camp
Cross-Country\$10.00/set for full camp

NOTE: Downhill and cross-country skis and snowboards are available for rent upon arrival. We cannot guarantee skis or snowboards for everyone. Equipment will be rented on a first-come, first-served basis. You are welcome to bring your own skis or snowboards.

FREE SKI & SNOWBOARD LESSONS

Basic instruction for cross-country and downhill skiing and snowboarding is required for all who have never skied or snowboarded. Intermediate and advanced lessons are also available at no charge.

YOUTH LEADERS NOTE: Youth leaders bringing groups, please contact the Youth Registrar - 715.427.5241.

www.forestsprings.us

N8890 Forest Lane, Westboro, WI 54490-9430
Phone: 715.427.5241

or online at: www.forestsprings.us

For additional registration forms, download at www.forestsprings.us or photocopy this form.

Camper Name † _____ M F

Address _____

City _____ State _____ Zip _____ +4 _____

Birthdate ____/____/____ Age at camp _____ Grade _____

Parents/Guardians with whom you live:

Father _____

Mother _____

Home Cell () _____ - _____

Work Cell () _____ - _____

Parent Email _____

for registration confirmation and correspondence

Church/Group _____

Buddy Groups: Note, cabin buddies are not required.

A buddy group consists of yourself and one or two other people (close in age and not siblings). **Buddies must request each other** for the request to be considered.

Buddy #1 _____

Parent's Email _____

an email will be sent to your friend to accept your request

Buddy #2 _____

Parent's Email _____

an email will be sent to your friend to accept your request

\$25.00 DEPOSIT MUST BE ENCLOSED.

Deposits are not refundable or transferable. The balance is due on arrival, sales tax included. † Your registration provides Forest Springs the authorization to use photos and videos of you for promotional purposes.

SKI RENTALS: Downhill and cross-country skis and snowboards are available for rent upon arrival. We cannot guarantee skis or snowboards for everyone. Equipment will be rented on a first-come, first-served basis. You are welcome to bring your own skis or snowboards.

Forest Springs

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Forest Springs®

Behavior Agreement

It is our desire at Forest Springs to provide a welcoming atmosphere and a safe environment for all our campers. This security for our campers is accomplished through our dedication to quality programming, outstanding service, and staff training. We desire to foster meaningful relationships, build character and create memories that will last a lifetime.

In order to ensure that everyone has this positive experience, we want each and every guest and camper to understand that physical and emotional safety is a significant priority. Therefore, at Forest Springs, **bullying is inexcusable and is grounds for immediate dismissal from camp.**

Bullying comes in many forms. During staff training with all staff, and especially with our counselors and wilderness trip leaders during our Counselor Training Institute, we work to identify and stop any incidents that may occur. Each week of youth camp we work within the cabins and as a camp to set the expectations of how campers can expect to be treated.

We are committed to offering a youth camp program where all campers feel safe. We know the best way to reduce bullying is to create a positive atmosphere from the start! We have set up our schedule to provide many opportunities for cabin and group unity.

We encourage you to let us know about particular concerns that you have regarding bullying at camp or any camp-related emails, instant messages or other incidences. We know that with excellent staff training and follow through, solid communication regarding our expectations to campers, and a strong partnership with parents that we can be successful in managing this issue.

Please read and sign the Behavior Agreement on the reverse of this page and feel free to contact us with any feedback, questions and concerns. We are looking forward to your involvement at Forest Springs!

A handwritten signature in black ink that reads "Pat Petkau". The signature is written in a cursive style with a long horizontal line extending to the right.

Pat Petkau
Executive Director

Camper Name: _____

Camp Week: _____

Forest Springs®
Youth Camp Behavior Agreement

**Parents: Please take a moment to review the following agreement with your camper.
Signify that you both understand and agree to each statement by signing the bottom.**

Regarding personal behavior...

- I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.
- I will work with my counselor and cabin mates toward creating a camp environment that is safe and friendly for each of us.
- I will work with my counselors or trip leader and cabin mates to set expectations for our cabin behavior and will adhere to these expectations.
- I understand that doing intentional harm or bullying another camper, either physically or emotionally, is grounds for dismissal from camp, with no refund of camping fees.
- I understand that although I may be able to solve some conflicts on my own, my counselors or trip leaders are always ready to listen and assist if there is a problem. I understand that my counselors and all of the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.
- I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.
- I will not possess smoking materials, lighters, matches, illegal drugs, alcohol or weapons of any kind on the camp grounds.

Regarding electronic equipment...

- I will leave my cell phone at home understanding that if there is an emergency the camp staff will be happy to allow me to use the phone and will pass on any urgent messages from home.
- I will be respectful of the property and personal space of other campers. I will use my camera in appropriate areas only and will not bring any video recording devices to camp.
- I believe that it is possible to spend my time at camp "electronics free" and will leave any video games, music systems or other digital media at home.
- Any costs (transportation as needed) associated with the dismissal of a camper will be paid by the campers parent or guardian.

We have read and agree to the above behavior agreement and understand that not following these guidelines may result in disciplinary actions including dismissal from camp. If that were to happen, we would accept the decision of the camp administration as being made in the best interest of the camp.

Parent or Guardian Signature

Camper Signature



Forest Springs

Winter Youth Camp Health Form & Activity Waiver

All campers must have this form signed by a parent or legal guardian and presented at registration

_____, ____/____/____, ____ Male Female
Last Name First Name Initial Birth Date Age

Parent / Guardian Name

_____, _____, _____, _____
Address City State Zip + 4

(_____) _____ (_____) _____
Home Phone # Other Phone # Cell Work

Health History:

| | Yes | No | | Yes | No | | Yes | No |
|-----------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> | Heart Condition | <input type="checkbox"/> | <input type="checkbox"/> | Seizures | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B | <input type="checkbox"/> | <input type="checkbox"/> | Sleepwalking | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear Aches | <input type="checkbox"/> | <input type="checkbox"/> | Pregnant | <input type="checkbox"/> | <input type="checkbox"/> | Special Diet | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Physical Disabilities | <input type="checkbox"/> | <input type="checkbox"/> | Stomach Aches | <input type="checkbox"/> | <input type="checkbox"/> |

Allergic To:

| | Yes | No | | Yes | No |
|---------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|
| Insect Stings | <input type="checkbox"/> | <input type="checkbox"/> | Penicillin | <input type="checkbox"/> | <input type="checkbox"/> |

Foods: _____ Other Drugs: _____

Date of Last Tetanus Booster: ____/____/____

Please list any medication your child is on: _____

Liability Release:

I hereby certify that _____, named above, is in good health, free from and not exposed to communicable diseases within the last three weeks prior to camp, and is able to participate in all the camp activities unless otherwise noted. In order to participate in camp activities, I agree and acknowledge that: there is risk of injury, including a potential for permanent disability or death from any participation in the camp activities or from the equipment involved in participation in such activities. I, on behalf of the above named, freely assume all such risks, both known and unknown, and assume full responsibility for my child's participation. The above named agrees to read and understand any posted or verbal instructions, including all safety related rules, and agrees to fully comply with the rules and safety regulations during their participation. I hereby give permission to the trained medical staff selected by the camp administration to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery. I also agree not to obligate Forest Springs to pay any medical bills related to treatment. I understand that participation in this camp and its' related activities can expose the named individual to dangers both from known and unanticipated risks. I hereby release and hold harmless Forest Springs, its officers, agents, and employees from any and all claims and liability for personal injury or property damage. I acknowledge, understand, and agree that I have read this release of liability and assume all risk associated with participating in the camp activities, unless otherwise noted, and that I sign this release of liability voluntarily and without inducement.

X _____
Parent's / Guardian's Signature

_____/_____/_____
Date

OVER →

Emergency Contact Person
(In case we are unable to reach you):

Last Name First Name Initial

Address City State Zip + 4

(_____) _____ (_____) _____
Home Phone # Other Phone # Cell Work

Relationship to Camper: _____

Your insurance Information:

Health Insurance Company

Insurance Company Address

Insurance Policy # ____/____/____
Expiration Date

Check the box of any activities you DO NOT wish your child to participate in:

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Downhill Skiing | <input type="checkbox"/> Snowshoeing | <input type="checkbox"/> Tubing |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Broomball | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Ice Skating | |

Please Note:

State regulations require that all prescription medications brought to camp **MUST** include signed, written instructions from the prescribing physician. If medications are needed during the camp week, please be sure to have the prescribing physician complete the Physician's Authorization Form. Medications CANNOT be dispensed without this authorization.

All medications brought to camp must be in original containers. Forest Springs staff will not dispense any medications not in original containers.

Please Indicate name of medication, dosage frequency, time to be given, and other instructions on the Physician's Authorization Form.