



APPLICATION DEADLINE – JUNE 30, 2010

Please note, you must complete all pages of this document*

2010 Summer Camp for Burn Injured Youth: August 15-21, 2010

Please check whether this applicant is a new or returning camper. New Camper Returning Camper

Camper's Name

Age

Date of Birth

Gender

Check Ethnic Background:

Asian African American Caucasian

Hispanic Native American Other

Specify _____

Parent or Guardian Name

Camper Address

City

State

Zip

County

Email address

Phone Numbers:

Home

Work

Cell

Camper's School Grade in Fall 2010

Shirt size: - List only one size

Circle One Size:

Small
Medium

Large
XL

Emergency Contact Name #1

Age (18 years or older) / Relationship

Phone Number

Emergency Contact Name #2 (not a parent)

Age (18 years or older) / Relationship

Phone Number

Camper's Name

Age

Emergency Contacts (if parent/guardian not available) Please list two

Contact Name #1

Phone Number

Relationship

Contact Name #2

Phone Number

Relationship

CAMP ARRIVAL / DEPARTURE

I will provide transportation:

To camp: From camp:

Camp Timberlee
N8705 Scout Rd.
East Troy, WI 53120
(262)-642-7345

This camper will need transportation:

To camp (Sunday, August 15, 2010) : From camp (Saturday, August 21, 2010):

For to camp transportation needs, please select location (Bus site)

Milwaukee Fire Academy - 6880 N. Teutonia

Madison Fire Station #6 - 825 W. Badger Rd.

Green Bay - Kmart - 1109 Lombardi Ave.

* You will be contacted 3 weeks before camp with time schedules

** Parents/Guardians are responsible for transportation from home to bus site, as we are no longer able to provide transportation to and from bus sites

Camper's Name

Age

Family Physician

Phone number

Insurance Provider

Insurance ID Number

Does this camper take any medication? If so, please list

Medication 1

Dose

How Often

Medication 2

Dose

How often

Medication 3

Dose

How often

PLEASE SEND MEDICATIONS IN THE ORIGINAL BOTTLES, AND SEND ENOUGH FOR THE ENTIRE TIME AT CAMP.

Allergies:

Medication

Animals

Hay Fever

Insect Stings

Plants/Grass/Pollen

Other Medication

Any food allergies?

Please list:

Camper's Name

Age

Any special dietary restrictions?

Please list:

Date of last tetanus shot

Height

Weight

Date of original burn injury

Hospital

Areas of body burned

How did burn injury occur?

Is this camper currently receiving treatment?

Yes No

If yes, please list (Bandages, splints, pressure garments, etc.)

PLEASE SEND ANY NECESSARY SUPPLIES WITH THE CAMPER.

Prosthesis / other assisting devices (please list)

Camper's Name

Age

Does camper have :

Glasses Contact lenses Hearing aid Wheelchair Braces

Dental appliances

Are there any other serious, chronic, or recurring illnesses other than the burn injury?

Asthma Heart disease/defect Seizures Diabetes

Other (please list)

PARENT/GUARDIAN PLEASE COMPLETE THIS SECTION

Name

Age

Does this camper suffer from :

Nightmares Sleepwalking Bedwetting Mood swings

Nervous habits (list)

Any particular fears (list)

Has this camper ever seen a physician, social worker, or psychotherapist concerning an emotional problem?

Yes No

If yes when

Diagnosis or problem being resolved

Camper's Name

Age

May we contact your physician or therapist to help plan for this camper's needs?

Yes No

Has this camper spent time away from home in the past?

Yes No

Please list any physical and/ or psychological problem the individual camper might have that we should know about as it applies to the welfare and safety of both child as well as our entire camp staff. Please answer in complete detail.

How does this camper get along with others?

If this camper is 13 years of age or older (teen program). Would he/she be interested in helping with activities for the Youth Program Campers?

Yes No

Camping is a privilege. Please do not apply if child/guardian will not adhere to the camp rules.

Camper's Name: _____

Date: _____

TRANSPORTATION RELEASE FORM DURING CAMP WEEK

Transportation includes to / from camp and special events during Wisconsin Alliance for Fire Safety Summer Camp for Burn Injured Youths

Whereas, I _____ (parent/guardian) being over the age of twenty-one years, have requested transportation for _____, who will be a camper at the Wisconsin Alliance for Fire Safety's "Summer Camp for Burn Injured Youths." He/She will accompany an agent of the Wisconsin Alliance for Fire Safety during the performance of their official duties.

Whereas, I am aware he/she may be subjected to risk of bodily harm or damage to their person or property by accompanying a Wisconsin Alliance for Fire Safety agent during the performance of their duties. Now, therefore, in consideration of the permission granted for my child/ward to ride in a vehicle, I do hereby grant the Wisconsin Alliance for Fire Safety, its sureties, all agents of said organization, shall incur no liability for loss, damage or financial responsibility arising out of, or in any manner, connected with any damages, injury or loss to my child/ward or their property incurred while riding in any vehicle operated by said organization or while accompanying any agent of the Wisconsin Alliance for Fire Safety during the performance of their official duties.

I do further save and keep the Wisconsin Alliance for Fire Safety, its sureties, and all members of said organization, and each of them free and indemnified and harmless from any loss, damage, liability and expense incurred or claimed by anyone by reason of damage or injury to my child/ward or my property resulting from any of the aforesaid acts.

Signature of parent/guardian _____ Date _____

Address _____

City _____ State _____ Zip _____

Area Code and Phone _____

CONTACT IN CASE OF EMERGENCY (In addition to Parent/Guardian)

Name _____

Area Code and Phone _____

Camper's Name _____ Date _____

Parent/s or Guardians Permissions Sheet

PLEASE READ CAREFULLY!

I hereby give permission for (camper) _____ to attend the "Summer Camp for Burn Injured Youths," sponsored by the Wisconsin Alliance for Fire Safety, at Camp Timber-lee for the period beginning August 15, 2010 and ending August 21, 2010.

In the event of any illness or accident, I hereby give permission for the physician to secure treatment for, to prescribe medication for, to order injections, anesthesia, or surgery for (camper) _____ if deemed necessary. I understand that the Health Center Staff regarding the illness or accident will notify me. Lakeland Medical Center, located in Elkhorn is the nearest hospital should an emergency occur and is approximately 20 minutes from Camp Timber-lee.

I understand precaution is taken to safeguard the health and safety of the camper, under Wisconsin Alliance for Fire Safety supervision.

I agree to relieve the Wisconsin Alliance for Fire Safety Camp for Burn Injured Youths and all personnel from any liability in connection with this activity.

I hereby authorize the Wisconsin Alliance for Fire Safety to use photos of this child in promotional materials, displays or presentations regarding the Summer Camp for Burn Injured Youths.

I agree not to send this child to camp if he/she has been exposed to a contagious disease within three weeks of the start of camp.

Signature of parent/guardian _____ Date _____

NOTE: PLEASE DO NOT FORGET TO SEND CAMPER'S MEDICATION/S ALONG WITH THEM TO CAMP WITH PROPER ADMINISTRATION INSTRUCTIONS. ALL MEDICATION MUST BE IN ORIGINAL CONTAINERS.

(CAMP IS NOT RESPONSIBLE FOR THE SUPPLY OF MEDICATIONS)

This Portion To Be Completed By Camper's Physician

I have examined this child on _____ (date) and found him/her to be free of communicable disease and with all immunizations up to date. Last Tetanus Shot Administered _____ (date).

This child has the following physical limitations or activity restrictions.

Signature of Physician _____ Date _____

2010 CAMP BEHAVIOR

Camper's Printed Name: _____ Date: _____

PARENT/S OR GUARDIAN/S ACKNOWLEDGEMENT SHEET

IN THE BEST INTEREST OF ALL CONCERNED, AND TO PROMOTE A GOOD CAMP COMMUNITY EXPERIENCE, ANY CAMPER WHOSE BEHAVIOR IS, IN THE JUDGMENT OF THE CAMP LEADERSHIP, DISRUPTIVE OR UNRULY, WILL HAVE THEIR PARENTS NOTIFIED AND COULD BE SENT HOME.

THE USE OF TOBACCO, ALCOHOLIC BEVERAGES, OR NON-PRESCRIPTION/ILLEGAL DRUGS IS PROHIBITED AND WILL BE TREATED AS A SERIOUS OFFENSE. IF NECESSARY, APPROPRIATE DISCIPLINARY ACTION, AS WELL AS, POSSIBLE LEGAL ACTION WILL BE TAKEN.

PARENTS OR GUARDIANS WILL BE ASKED TO MAKE APPROPRIATE PLANS TO PICK UP THEIR CHILD IMMEDIATELY FROM CAMP.

BOTH CAMPER AND PARENT/S OR GUARDIAN/S HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

CAMPER SIGNATURE:

_____ DATE: _____

PARENT/S OR GUARDIAN/S SIGNATURE:

_____ DATE: _____

_____ DATE: _____

PHONE NUMBERS: (PLEASE PROVIDE ALL PHONE NUMBERS WHERE YOU CAN BE REACHED IN THE CASE OF DISRUPTIVE CAMPER BEHAVIOR.)

HM. PHONE NUMBER: _____

CELL OR ALTERNATE PHONE NUMBER: _____

<p>For Camp Use:</p> <p>I have read again and understand the above WAFS Camp Behavior Policy</p> <p>Staff's Signature: _____ Date: _____</p>

Motorcycle Ride Waiver, Release & Consent



Safety is the Primary Concern of the Wisconsin Alliance for Fire Safety Organization (WAFFS), The Harley-Davidson Corporation ("H-D") and the Harley Owners Group ("HOG"). Please observe all federal, state and local laws, and ride safely and defensively. WAFFS, H-D and HOG requires that you wear a Helmet, appropriate clothing and eyewear, and that your passenger does also. If you and/or your passenger choose to ride without a helmet, you do so at your own risk. Please ride with your headlight on at all times and never ride under the influence of alcohol or drugs.

Name of event: "Summer Camp for Burn Injured Youths"

Date: Tuesday evening of Camp Week – Special Note: Passenger helmets will be provided. Rides will be provided as sidecar passengers only! Rides will be provided on Camp Timberlee grounds only.

Location: Camp Timberlee, East Troy, WI

In consideration of Wisconsin Alliance for Fire Safety, I permit my child/guardian, (name) _____ who is under the age of 18 to participate in the above named event, I hereby, and for (my) (my child's) heirs, executors, administrators, assigns, and all legal guardians, waive and release any and all rights and claims of any nature, founded in whole or in part upon any type of negligence, that (I) (my child) may have against WAFFS, H-D, HOG, their directors, officers, employees, agents, chapters, assignees, licensees, volunteers and any cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns (the "Released Parties") arising out of or resulting from any and all injuries or damages of any nature, including death, which (I) (my child) may suffer while taking part in the event or any activities connected with the event. This Release extends to any and all claims (I) (my child) have or may have against the Released Parties with respect to the event or any related activities or with respect to the conditions (including but not limited to road, weather and traffic conditions), qualifications, instructions, rules, procedures and routes under which the event and related activities are conducted, or from any other cause.

(I Am) (My Child is) experienced in and familiar with the operation of motorcycles and fully understand the risks and dangers inherent in motorcycling. (My child is) voluntarily participating in the event and I expressly agree to assume sole responsibility for the safe and successful operation of my motorcycle, and to accept the entire risk of any accidents or personal injury, including death, which (I) (my child) assume (s) all risks in participating in the event. I understand that this means that I agree not to sue any or all of the Released Parties in connection with the event.

Consent also is hereby given to use (my) (my child's/guardian's) name, picture portrait, likeness, writings or biographical information, and audiotape and/or videotape recordings and sound or silent motion pictures of (me) (my child/guardian) in any medium for editorial, educational, promotional, and advertising purposes, for the solicitation of contributions, and/or for any other purpose in furtherance of the corporate purposes and objectives of WAFFS.

By signing this document, I certify that I have read this document and fully understand it, and that I am not relying on any statements or representations of any of the Released Parties. This document shall be binding upon me, my (my child's/guardian's) heirs, executors, administrators, and assigns and all legal guardians (of my child/guardian).

Motorcycle Rider/Passenger Waiver and Consent

Print Name of Passenger:

Home Address: _____ Age: _____

Signature of Passenger:

_____ Date: _____

Signature of Parent/Legal Guardian

_____ Relationship: _____

I affirm that I am the parent/legal guardian of the above-named rider/passenger and that I have full authority to authorize his/her participation in the above referenced WAFS event.

Print Name of Harley Rider:

Home Address:

Signature of Harley Rider:

_____ Date: _____

Camper's Name: _____ **Date:** _____

High Ropes Challenge Release Form

I understand that I must be at least 13 years or older during my participation in this High Ropes course or activity. I may be exposed to psychologically and physically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Timber-lee Christian Center or its employees as a result of my participation in the program, except those that are the direct result of the negligence of Timber-lee Christian Center or its employees.

I have accepted responsibility for verifying my personal health and my medical history on the Permission and Physician's Forms and that I have no physical or psychological conditions that would prohibit my participation in this program.

I agree to comply with all instructions and directions of Timber-lee Christian Center staff during my participation.

Print Name/Signature (if over 18 yrs.)

Signature of parent of guardian _____



YOUNG EAGLES®

Guidelines for Participants and Parents

A MESSAGE FOR PARENTS/GUARDIANS

The EAA Young Eagles Program has been developed to welcome young people into the world of aviation. Aviation is exciting and vital to our nation's future. Your child will experience a safe and enjoyable flight that will give new perspectives on the world and life in general. Participation in the Young Eagles Program will help them understand that an individual's potential is unlimited.

What is EAA?

EAA is an international aviation membership association founded in 1953. More than 170,000 people belong to EAA, with Chapters located in all 50 states and many countries. Members are aviation enthusiasts of every age group, including many airline and commercial pilots, engineers, business people, even astronauts. They enjoy all types of airplanes, including "experimental" aircraft (a category of airplanes designated by the FAA, built by individual craftsmen instead of on a factory assembly line).

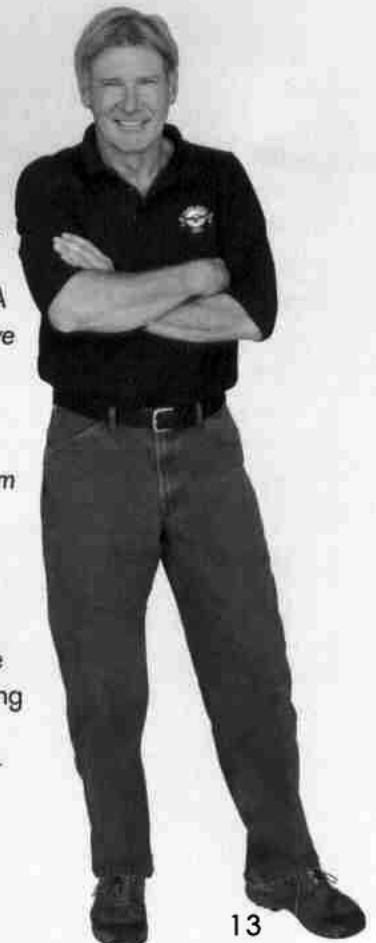
How safe is flying?

Flying in an airplane is safer than many other forms of recreation. Each Young Eagle Flight takes place in a FAA registered airplane flown by a licensed pilot. The flight is conducted according to federal regulations. No aerobatic or non-standard maneuvers will be performed.

Harrison Ford
Chairman, Young Eagles

"One of the great pleasures of life, no matter what you do, is to share your passion with young people. Through the EAA Young Eagles program we have an opportunity to demonstrate flying in a way that might not otherwise be possible and to infuse them with our enthusiasm for the experience."

Best known as an actor in more than three-dozen films, Harrison Ford is also an active pilot who is interested in sharing his passion for aviation with others. He is an EAA member and Young Eagles pilot.





What's this program about?

Have you ever wondered what it's like to fly? Young Eagles don't have to imagine what flying is like. Each Young Eagle will become part of a special group of people who have shared in a common experience — the thrill of flying! You will have the chance to actually fly in an airplane and look at the world below you. You are invited to take to the skies and become a Young Eagle!

What do I have to do to become a Young Eagle?

If you are age 8 through 17, read this form (it may be photo copied) and have a parent or guardian complete the registration form on the next page. Take this registration form to an EAA member. He or she will help prepare you for a demonstration flight in an airplane. You can ask your volunteer pilot as many questions as you like. In doing so, you'll learn more about airplanes and the principles of flight. That's all there is to it. It's really that simple!

What happens after the flight?

After your flight, your pilot will complete and mail the Registration Form, so you can:

- Be registered as a Young Eagle
- Have your name listed in the world's largest logbook on display at the EAA Air Adventure Museum in Oshkosh, WI, and listed on the Young Eagles website logbook (www.young eagles.org).
- Obtain additional information on other aviation organizations and activities;
- Receive information on scholarship programs administered by EAA.

How can I get started?

Look over the Young Eagle FLYING FACTS on the previous page. Take a few minutes to find out what makes an airplane fly and what the different parts of an airplane do. This will help you understand the things your pilot will talk about during your flight.

Will it be safe?

Millions of people fly safely in airplanes every year. However, an airport is not a playground. Listen and follow instructions given by your pilot and follow these simple rules when you are around an airplane:

- Stay away from the propellers;
- Listen carefully for instructions on entering and exiting the airplane;
- Do not touch any part of an airplane without the pilot's permission.
- Stay with your pilot or ground crew at all times.



What will my flight be like?

First of all, your pilot will explain what you will do and see. This may include:

- Telling you about the airplane;
- Reviewing an aeronautical chart and identifying reference points you will look for during the flight;
- Completing a careful "walk around" preflight inspection of the airplane and identifying the parts that control the airplane;
- Helping you buckle your seat belt and describing the interior of the airplane, including the instrument panel.

You will see the earth and sky in a new and exciting way. You will experience the wonderful freedom of flight that many people only dream about. Like an eagle, you will soar among the clouds and understand the many possibilities that flight — and life in general — have to offer. Many people remember this experience for the rest of their lives. You will, too!

EAA Young Eagles Office P. O. Box 2683, Oshkosh, WI 54903-2683. (920) 426-4831 e-mail yeagles@eaa.org.

FOR CAMPERS AGES 12 – 14 YEARS OF AGE ONLY:

EAA YOUNG EAGLES PROGRAM AGREEMENT TO WAIVE LIABILITY, ASSUME RISK, AND INDEMNIFY

The young person listed below wants to take part in the EAA Young Eagles program, including riding in an airplane. The Young Eagles program is conducted by volunteer EAA member pilots who are licensed by the Federal Aviation Administration ("FAA"). These volunteer pilots fly a wide variety of aircraft that are also licensed by the FAA. I am the young person's parent or legal guardian and I represent and warrant that I have the authority to enter into this agreement. In exchange for being allowed to take part in the Young Eagles program, the young person and I agree as follows:

AGREEMENT TO WAIVE LIABILITY AND NOT TO SUE

The young person and I (for ourselves, our heirs, family members, personal representatives and assigns) release and discharge the Experimental Aircraft Association, Inc., the EAA Aviation Foundation, Inc., and the officers, directors, members, chapters, employees, agents, divisions, affiliates and volunteers (including pilots, owners and operators of airplanes used in the Young Eagles program) of each of those corporations ("EAA") from, and agree not to sue EAA for, any and all claims against EAA for any injury or death arising from the young person's participation in the Young Eagles program. This release, discharge and agreement not to sue applies to all legal rights, including those resulting from any negligence of EAA, other than those resulting from the gross negligence or willful misconduct of EAA.

ASSUMPTION OF RISK

We understand that flying in airplanes and being around airplanes involves risks. Serious injury or death can result from many causes, including airplane crashes, falls, pilot error, ground crew error, engine or mechanical failure, negligent maintenance, defects in runways, interference by birds and other objects, weather conditions, contaminated fuel, or hard or forced landings. Injuries could be minor such as bruises, scratches and sprains, major such as eye injuries, broken bones and concussions, or catastrophic such as paralysis, severe burns or death. If the young person is old enough to understand these risks, I have explained them to him or her. **The young person and I (for ourselves, our heirs, family members, personal representatives and assigns) assume all risks and full responsibility for any injury or death arising from taking part in the Young Eagles program.**

INDEMNIFICATION

The young person and I agree to indemnify and hold EAA harmless from any claims, costs, damages, and liabilities, including attorney's fees, arising from taking part in the Young Eagles program. **This duty to indemnify and hold EAA harmless applies even if EAA is negligent, however, indemnification is not required if EAA is grossly negligent or has engaged in willful misconduct.**

LEGAL ADVICE

I know that I can talk to my legal advisor about this Agreement and I have either done so or chosen not to. I understand that I have the right and have been given the opportunity to object to and bargain about the provisions of this Agreement. **I am voluntarily signing this Agreement and intend it to be the unconditional release of all liability to the greatest extent allowed by law.**

Before Signing, Carefully Read This Entire Agreement

Note from EAA: If an accident were to occur, you and the young person (by signing this Agreement) would be giving up legal rights and incurring legal liabilities. If any part of this Agreement is held invalid, the rest of the provisions shall remain in effect. **If you do not understand anything in this Agreement, you should not sign it and you should talk to your legal advisor.**

Parent or Guardian's Signature

Please Print Young Person's Name

Please Print Parent or Guardian's Name

Date

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING!
YOU MUST BE 13 YEARS OLD TO PLAY!

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY PAINTBALL EVENT. If you disagree with or do not understand any provisions contained in this release do not sign it.

IN CONSIDERATION of being permitted to participate in any way in the sport and activities of paintball at THE SIEGE PAINTBALL, LLC, I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in paintball is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize the risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that the activities of paintball are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. I understand that these rules include, but are not limited to, my wearing of an approved paintball mask at all times, except for in designated areas, and that my marker's barrel sock/bag is in place at all times except for in designated areas. I understand that if I fail to follow any of the rules or regulations I will be asked to leave the premises. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND, AND INDEMNIFY FROM LIABILITY THE SIEGE PAINTBALL LLC, the owners and lessors of premises used to conduct the paintball activities, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this Release of Liability Agreement covers each and every paintball activity and event in which I participant hereafter. THIS WAIVER IS GOOD THROUGH DECEMBER 31, 2010.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLEASE PRINT CLEARLY ALL INFORMATION EXCEPT FOR YOUR SIGNATURE:

PLAYER'S NAME _____ DATE OF BIRTH _____

PLAYER'S SIGNATURE _____ DATE _____

ADDRESS _____ CITY, STATE _____ ZIP CODE _____

E-MAIL _____ PHONE # _____

2010 WAIVER
THE SIEGE PAINTBALL, LLC IS INSURED BY
WEST BEND MUTUAL INSURANCE.
FOR ALL PLAYERS UNDER THE AGE OF 18 PLEASE TURN OVER 2 2 2

REQUIRED FOR PLAYERS OF MINORITY AGE
(UNDER 18 AT TIME OF REGISTRATION)
TO BE FILLED OUT BY PARENT OR LEGAL GUARDIAN

I AM THE PLAYERS (please circle one):

PARENT

LEGAL GUARDIAN

OTHER

Relationship to player _____

PLEASE NOTE FOR THOSE THAT CIRCLED OTHER BY SIGNING THIS YOU AGREE TO THE FOLLOWING:

This is to certify that I have received permission from the participant's legal parent/guardian to bring their son/daughter to play paintball at THE SIEGE PAINTBALL, LLC and to sign any and all necessary releases in order for their child to participate. It is understood and agreed that THE SIEGE PAINTBALL, LLC is relying upon this certification and that this certification is GOOD FOR ONE DAY ONLY.

This is to certify that I, as parent/guardian with legal responsibility for this participant or with permission from the parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of THE SIEGE PAINTBALL, LLC and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

I hereby give permission to THE SIEGE PAINTBALL, LLC to authorize emergency medical treatment as may be necessary for the child named below while playing paintball games at THE SIEGE PAINTBALL, LLC, from the date of this release through year end.

Print name of player listed on page 1: _____

Print name of parent/legal guardian: _____

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME OF SIGNER _____

EMERGENCY PHONE #s _____

_____ Insurance Company

_____ Hospitalization Policy Number (Optional)

Summer Camp for Burn Injured Youth

Parent/Camper Application Checklist

PLEASE BE SURE TO CHECK OFF AS COMPLETED.

Please check off and initial all eight sections listed below prior to mailing application. All forms **MUST** be completed to help provide a safe camp experience.

- _____ Complete the entire camper application. (Pages 1 – 6)
- _____ **Transportation Release Consent: Campers are transported to and from various sites during camp week. (Page 7)**
- _____ **Doctor's consent on Physical: Remember to make appointments early. (Page 8)**
- _____ **Behavior consent: Signed by the camper AND parent(s)/guardian(s). (Page 9)**
- _____ **Parent consent forms for Motorcycle Releases. (Pages 10 - 11)**
- _____ **Parent consent forms for High Ropes. (Page 12)**
- _____ **Parent consent forms for Young Eagles. (Pages 13 - 16)**
- _____ **Parent consent forms for Paintball. (Pages 17 - 18)**

PLEASE MAIL COMPLETED FORMS BY JUNE 30, 2010 TO:

Wisconsin Alliance for Fire Safety
P.O. Box 1442
Brookfield, WI 53008-1442
1-800-315-0911
info@wafs.org