

WRI Youth Programs

Medical Form & Waiver

All WRI youth programs participants are required to provide medical form, waiver, and proof of their own medical insurance prior to their participation in WRI programs.



Program Attending _____

Child's Name _____ Birthday _____ Age _____

Parent/Guardian(s) _____

Home phone _____ Cell phone _____

Address _____

Email _____

EMERGENCY CONTACT (Different from above)

Name _____ Relationship _____

Phone # _____

MEDICAL INFORMATION AND CAMPER NEEDS

Medical Conditions Y/N Explain: _____

Allergies Y/N Explain: _____

Food Sensitivities Y/N Explain: _____

Medications Y/N Explain: _____

Special Needs: Y/N Explain: _____

AGREEMENTS

1. _____ I give permission for my child's photograph to be taken and appear in promotional material (website, Facebook, video, etc.) regarding future camps.
2. _____ If my child does not bring his/her own sunscreen, I give permission to apply sunscreen provided by WRI.
3. Is there anyone who is NOT authorized to pick up your child after camp? If so, please specify:

4. I give my child permission to walk and/or bike to/from WRI without an adult (circle one): Yes / No

MEDICAL/ INSURANCE

Family Physician _____ Phone (_____) _____

Medical Insurance Provider _____

Name of Insured _____

Policy/Group # _____

RELEASE OF LIABILITY & CONSENT TO TREAT

I, the undersigned, individually and as a parent/guardian of _____ (child), a minor, ask that he/she be admitted to participate in WRI youth programs located at Barn Beach Reserve in Leavenworth, WA, and other locations in and around Leavenworth. I do hereby agree to release, discharge and hold harmless Wenatchee River Institute, its employees, and/or volunteers, from any and all liabilities, claims, costs, expenses, injuries and/or losses that I or my minor child may sustain as a result of my minor’s attendance at WRI youth programs or in the course of activities held in connection with youth programs. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information above to any medical provider treating my child.

Parent/Guardian names (print) _____

Parent/Guardian signature _____ Date _____

Child Code of Conduct (Please review with your child):

Wenatchee River Institute is committed to providing a welcoming, safe and fun environment for all children. Proper supervision and appropriate behavior are key components to a successful WRI experience. In an effort to provide all children with a safe and fun atmosphere, it is important that all exhibit respect for themselves, fellow participants, staff and the natural environment at all times. At every program, staff and participants review and discuss procedures, structure and behavior expectations. Participants are asked to be respectful of their peers, staff and materials. Inappropriate, disruptive and/or violent behavior will not be tolerated. Examples of inappropriate behavior include, but are not limited to: fighting, name-calling, foul language, arguing, bullying, leaving the group or possessing weapons. Minor behavioral problems will be addressed by camp staff. If behavior issues persist, parents or guardians will be contacted to work towards a resolution. If a child’s behavior continues to disrupt the program or endangers the physical or emotional safety of themselves or others, Wenatchee River Institute reserves the right to cancel that individual’s program enrollment for a day or more without a refund.

Please send completed form to:

Wenatchee River Institute
Youth Camps
PO Box 2073
Leavenworth, WA 98826

Child’s Initials: _____

Or email forms (1 week ahead of program) to:

programs@wenatcheeriverinstitute.org