

Flying Deer Nature Center
5 Abode Road
New Lebanon, NY 12125
518-794-6687

Health & Emergency Data

*Please complete both sides of this form and return with your registration form.
It is your responsibility to let us know of any relevant changes in a timely manner.*

Participant's Name _____ Birth date _____

Parent/Guardian Name(s) (if participant is under 18) _____

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Other Phones _____

2 LOCAL Emergency Contact Numbers

Name _____ Phone _____

Name _____ Phone _____

Health Records: Are there any medical conditions we need to know about for the participant's safety and well-being here at camp? Yes ____ No ____

If yes, please explain: _____

Allergies _____

Medications required daily _____

Doctor _____ Phone _____

Health insurance name and plan # _____

Hospital preference in emergency _____

In case of emergency, I understand that every effort will be made to reach the participant's parents/emergency contacts. In the event they cannot be reached, I hereby give my permission to the trained adult leader in charge to provide first aid and secure proper treatment. I voluntarily consent to the rendering of care by authorized members of the hospital staff or their designees, including hospitalization, anesthesia, surgery, or injections of medication for the participant.

Adult participant/Parent/Guardian signature _____

Printed Name _____ Date _____

VACCINATION RECORD

Enrollment is contingent upon a COMPLETE health form. Please give us a COMPLETE record of the participant's immunization history in ONE of the following ways:

1. Attach a copy of participant's immunization record, OR
2. Fill in EVERY SINGLE blank next to the names of the following vaccines. *Every blank must be filled!* Next to each vaccine received, write the DATE received. If the participant has not received ONE OR MORE of the vaccines, you need to write "R/M" in those blanks, AND you

need to write the following statement on the line provided immediately below: "Have not immunized for religious or medical reasons."

Statement line: _____

- _____ Diphtheria containing toxoid
- _____ Poliovirus vaccine
- _____ Hepatitis B
- _____ Hepatitis B vaccine
- _____ Measles vaccine (first administered after 12 months of age and second administered after 15 months of age)
- _____ Mumps vaccine administered after 12 months of age
- _____ Rubella vaccine administered after 12 months of age
- _____ Varicella vaccine (for children born on or after January 1, 1998)
- _____ Haemophilus influenza type B

I have read the entire Vaccination Record section and I have (check one):

- included a copy of the vaccination record, OR
- filled in every blank next to the vaccine names above.

Informed Consent, Release, Indemnification, and Hold Harmless Agreement

Participants/instructors 18 and over, read and sign first section only. Parents of minors participating, please read and sign both sections.

I understand that outdoor activities entail known and unanticipated risks and that participation in Flying Deer Nature Center Programs involves a certain degree of risk that could result in injury, paralysis, death, or damage to myself, my child, or to property. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that precautions will be taken to ensure the safety and well-being of all participants to the best ability of trained staff members, I agree and promise to accept and assume all of the risks existing in this activity. My or my child's participation in Flying Deer Nature Center Programs is purely voluntary, and I elect to participate in spite of the risks.

I hereby release and waive any and all claims that I may have against The Sufi Order International (SOI), The Abode of the Message, Inc. (The Abode), and Flying Deer Nature Center, Inc. (FDNC) and their employees, agents, representatives, or volunteers, arising from participation in Flying Deer Nature Center Programs. I agree to fully indemnify and hold harmless SOI, The Abode, or FDNC, Inc. and their employees, agents, representatives, and volunteers from any and all claims arising from my or my child's participation in FDNC programs. This indemnification expressly includes any claims arising out of the SOI, The Abode, or FDNC's own negligence or fault or that of their employees, agents, representatives, or volunteers. I agree that the indemnification includes the amount of the claims, the expense of defending against the claims, court costs, and attorney fees.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Adult participant/parent signature _____ Print Name _____ Date _____

PARENT'S or GUARDIAN'S ADDITIONAL INDEMNIFICATION
(must be completed for participants under the age of 18)

In consideration of _____ ("Minor") being permitted to participate in its activities and to use its equipment and facilities, I agree to further indemnify and hold harmless FDNC from any and all claims, as stated above, which are brought by or on behalf of Minor, and which are in any way connected with such use or participation by minor.

Parent/guardian signature _____ Print Name _____ Date _____

For office use only: Date received _____