Sib Camp 2018

WisconSibs - DC Adventure Center

For ages 9-11 August 9-12 – Wagon Trail Campground (Yurt sleeping)
For ages 12-16 August 16-19—Wagon Trail Campground (Yurt sleeping)

WisconSibs is once again partnering with the DC Adventure Center (also known as the Team Leadership Center) of Sturgeon Bay, WI to make Sib Camp fun and available to kids ages 9-16 who have siblings with disabilities.

This is a great opportunity for siblings of kids with disabilities to take a break and have fun while making friends with other sibs. Camp lodging, campfire cooking, biking, hiking, exploring the outdoors, the opportunity to climb and lots of other adventures designed to focus on self-esteem, problem-solving and fun.

Camp has a limited number of slots available. To participate, all forms along with the registration fee must be received at the WisconSibs office by May 1. Staff will confirm your reservation with an email or phone call.

WHAT'S INCLUDED

All meals /snacks
Unique camping experience in Mongolian Yurts for ages 9-11 (tent camping for ages 12-16)
Mountain Biking (you supply bike)
Backpacking & Camping Gear
Supplies for activities and games
Transportation from DC Adventure Center (Sturgeon Bay) to Wagon Trail Campground
Certified Team Leadership Center Guide(s) and volunteer supervision
Zip Line Celebration
Life long memories!

BRING WITH YOU

Sleeping bag or single sheet and blankets. Small pillow.	Personal items such as wash cloth, towel, soap, shampoo,		
Rain protection	toothbrush, toothpaste		
Tennis shoes or hiking shoes	Sunscreen		
Sandals or flip flops	Bug spray		
Towel	Water Botttle		
Swimsuit	Flashlight (extra batteries)		
Plastic bag for wet swimsuit	Medications in original containers marked with name and dosage		
Warm jacket, sweatshirt and pants	Family Momento		
Socks – extra pairs	Camera (optional)		
Sunglasses	, ,		
Bike for trail riding			

PLEASE CLEARLY LABEL ALL OF YOUR BELONGINGS!

DO NOT BRING

Knives, matches, lighters, firecrackers. These or any other dangerous items will be stored away and returned to parents. NO radios, iPods or other music or movie devices, electronic games, or headphones. Cell phones allowed for taking photos but use of cell phones for other purposes strictly limited so that all campers can enjoy an adventure camp experience. All camp staff have cell phones for emergencies. Parents will get emergency contact information at drop-off.

ACTIVITIES

Sib Camp Backpacking and Mountain Biking Trip is 4 days and 3 nights of camping, backpacking, biking, photography, paddling, zip lining, ecology, exploring the forests, beaches and natural areas throughout Door County. All campers attending Sib Camp this year sleep in real Mongolian yurts. (A yurt is a portable, wood-framed dwelling structure traditionally used by nomads. See photo. One yurt for boys, one for girls.)

All campers must bring their own bike.

Bring your bike

SUPERVISION

Staff from DC Adventure Center guide and facilitate Sib Camp. Staff are certified in education, ropes course, kayak, lifeguard, CPR and first aid. WisconSib staff or volunteers will join the group for some activities.



Yurt at Wagon Trail

MAKING CONTACT

Emergency contact information will be provided to parents at drop-off. Also, once you have gotten confirmation that your Enrollment Forms and Payment have been received and approved, you will get an invitation to a SIB CAMP FACEBOOK GROUP open only to 2018 WisconSibs Sib Campers and family members. Information will be shared here before and throughout camp so that families can connect with one another for rides or other helpful information.



Sib Campsite

GETTING TO/FROM CAMP

August 9-12 campers — Families are responsible for getting their campers to the DC Adventure Center by 10 am on August 9 and picking up August 12 by NOON for a presentation by the campers.

August 16-19 campers — Families are responsible for getting their campers to the DC Adventure Center by 10 am on August 16 and picking up August 19 by NOON for a presentation by the campers.



Bring tennis or hiking shoes, long pants, warm jacket/socks and rain gear for weather changes.

Driving Directions to the DC Adventure Center, Inc.—4497 Ploor Rd., Sturgeon Bay, WI

- 1. Hwy 41 North to Interstate 43.
- 2. Driving North on Interstate 43, exit 185 University Ave./Sturgeon Bay. Merge Right.
- 3. Follow Hwy 57 approximately 40 miles to Sturgeon Bay.
- 4. Continue on Hwy 42/57 north of Sturgeon Bay.
- 5. When Highways 42 & 57 split, follow Hwy 57 to the right.
- 6. Continue north approximately 3 miles to Institute, WI. Turn right on Dunn Road.
- 7. Follow Dunn Road approximately 1 ½ miles, turn right onto Ploor Road.

The Door County Adventure Center is the first driveway on the right, 4497 Ploor Road.

SIB CAMP EXPECTATIONS

- 1. No drugs or intoxicating beverages permitted at any time on the trip.
- 2. Firecrackers, matches, cigarettes and lighters are not allowed.
- 3. Violation of safety rules endangering oneself or other persons will not be permitted.
- 4. You are expected to stay with the group in which you are assigned to. Firearms and knives are prohibited.

NOTE: IF YOU FAIL TO ABIDE BY THE RULES, YOU WILL NOT BE INVITED TO CAMP IN THE FUTURE.

SIB CAMP 2018 ENROLLMENT FORM

Enrollment Deadline: May 1, 2018

Enrollment Form and payment required with enrollment.

Check one:							
☐ Sib Camp for ages 9-1 ☐ Sib Camp for ages 12-1				oing-\$300*) oing-\$300*)	August 9 10 August 16 1		g 12 NOON aug 19 NOON
Camper Name:				Birthdate	·		
Parents Name:							
Address			City		State	Zip	
Phone:				Email:	· · · · · · · · · · · · · · · · · · ·		
Facebook account name(s (A closed Sib Camp 2018 pag after Sib Camp. Parents and o Sibling(s) with disability: (na) (na) I have read the Sib Camp fee and camp health repo form in by May 1, my name	me) Expectation ort form is de	ns and agi	e.) - (age) - (age) ree to cor than M	(primary diagnosis of the comply with the lay 1, 2018. If	or description) or description) or Miso, I under I do not have the	rstand th	hat the registration
Signature of Camper			_ S	ignature of Par	rent/Guardian		
Fee for Sib Camp (ages 9-	11)	\$300*		\$	OR		
Fee for Sib Camp (ages 12	2-16)	\$300*	_:	\$			
Check (payable to: Wis	sconSibs) _	Credit C	ard (Vis	a or Mastercar	d only)		
		Card # _			Exp date	e	_ CVV2
		Signature	e	· · · · · · · · · · · · · · · · · · ·			
NOTE: Individuals and busine camperships are available on office at 920-968-1742 and re application and send with this	a first-come, f quest a campe	irst-serve ba ership applic	sis. If yo ation, or	u need additiona	al financial support i	n order to	attend, please call the
*Thanks to a grant from Readditional financial assistant						d for 201	8 for all campers. If
		Total amo	ount encl	osed _\$			
Send Enrollment Form, Pa	rticipant Hea	lth Form, M	1edicatio	n Form (even i	f no medication n	eeded), a	and Liability Form to:

WisconSibs, Inc. Attn: Sib Camp 211 E Franklin St. Ste #C Appleton, WI 54911

SIB CAMP

Participant Health Form

The information that is being requested will provide you with the proper care while at Sib Camp.

All information will remain confidential.

Camp Date (check one)August 9-12, 2018			August 16-19, 2018		
Camper Name			Date of Birth		
Address		City	State	Zip	
Phone		Alternate phon	e	 	
Email(s)		 			
			Phone		
In case of emerg	gency, notify		Phone		
Allergies					
	Weight		rrently taken		
Date of most rec	ent tetanus booster				
Do you currently	have any of the following m	edical conditions?	Check if yes √		
Asthma	Current Bre	aks	Current Sprains_		
Diabetes	Food Allerg	у	Heart Condition_		
Other					
Explain briefly ar	ny conditions that are checke	ed.			
Any other medic	al conditions which may affe	ct your participation	in any physical activity?		
Your signature in	ndicates that the information	provided is accurat	e and current.		
Signature of Par	ent or Guardian		Date		

SIB CAMP PERMISSION STATEMENT

I understand that first aid will be available for this camp, that my child,, will be closely supervised, and that if a serious illness or injury develops, medical/or hospital care will be given. However, the staff is not responsible in case of accidental injury or illness. I further understand that in care of serious injury or illness, we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by the attending physician.					
	the child named on this registration form to enroll in the Sik Leadership Center responsible or liable for any personal inju				
Date	Signature of Parent or Guardian	_			
	SIB CAMP CONSENT FOR FILMING, SOUND RECORDING OR PHOTOGRA	APHING			
l,	(Guardian/Parent/Volunteer)				
hereby consent to the:					
videotaping ofphotographing of	sound recording ofnews coverage of				
	(Name(s) of Children)				
for the purpose of community place August 9-12 or August 1	y education and awareness. This consent applies only to rec 16-19, 2018.	ording data during camping taking			
Do you give your permission to siblings. (Please circle) YES	for your child's name and photo to be placed in a SIB CAMP NO	directory with the listings of other			
I give my permission for the r	recorded events to be shared with the community.				
	d guardian/parent/volunteer Date (mo/day/yr)				

SIB CAMP MEDICATION SHEET

Medications prescribed by a doctor are to be given by the adult camp facilitator during Sib Camp and must be in their original containers, with current dates, specific administration directions, and the doctor's name. Other medications such as inhalers, creams, ointments and other solutions should also be properly labeled so medications are given correctly. (All medication containers will be placed in Ziplock type bags on arrival and the same will be returned to the parents.) You may choose to send only enough pills required for the day and a couple extra in case they are dropped.

Please fill out the following medication schedule for the medications that are sent on the trip. Write the name of the medication in the large box. For each medication list the times at which it should be given under "MED TIME."

Child's Name:		
Medical Condition Requiring Medication:		
Allergies:		
Signature of person filling out medication list	Date	

MEDICATION INFORMATION

DATE	TIME	MEDICATION & DOSAGE	SIGNATURE STAFF ADMINISTERING MEDICATION

Liability Release Assumption of Responsibilities and Risks

What are Risks?

The Team Leadership Center instructors are skilled and experienced and will make every effort to minimize exposure to known risks associated with the activities. However, they cannot guarantee total protection from all risks. Different program components carry different levels of potential risks, which are not just limited to losses of a physical nature. The risks may be social or emotional in nature, as well. Although injuries can and do occur in adventure education programs, it has been determined that participants in an adventure program have less injuries than do participants in school sports, recreation or physical education programs.

What are my Responsibilities?

	rn and follow all safety rules and your leader's instructions. and make your instructors aware at any point during an acty rules or your ability to participate.
My signature below indicates that:	
	the information presented in the above paragraph and un- es associated with participating in the Team Leadership Cen-
ter program.	es associated with participating in the ream Leadership cen-
I understand that some of the program components ma activity is voluntary and that I am physically able to part	y involve strenuous physical activity, that participation in any icipate in any activity in which I choose to do so.
the Team Leadership Center instructor regarding any ch	nformation for the Team Leadership Center and I will notify anges in my health or fitness during the program. In the unne Team Leadership Center to administer first aid and to se-
Leadership Center, Inc., Wagon Trail, Inc., Wagon Trail L directors, employees, agents and volunteers for any inju referenced activity, including all risks connected therew injury, death, or other damages to me or my family, heir the Team Leadership Center, Inc., Wagon Trail, Inc., Wag officers, directors, employees and agents from any claim	nection with said activity and I further release the Team and Co. LLC and the Wisconsin DNR, their owners, officers, any or damage which I may suffer while I undertake the above ith, whether foreseen or unforeseen, which may result in rs, or assigns; and, further, I agree to save and hold harmless gon Trail Land Co. LLC and the Wisconsin DNR, their owners in by me or my family, estate, heirs or assigns, arising out of diactivity. In addition, I give my consent to the Team Leaderduring said program for marketing and advertising.
Signature of Parent or Guardian	Date