

# Sib Camp 2016

WisconSibs – DC Adventure Center

For ages 9-11 August 18-21 – Wagon Trail Campground (Yurt sleeping)  
For ages 12-16 August 11-14—Newport Park (Tent sleeping)

This year WisconSibs (formerly known as Fox Valley Sibling Support Network) is once again partnering with the DC Adventure Center (also known as the Team Leadership Center) of Sturgeon Bay, WI to make **Sib Camp 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 should be returned by June 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 or Newport Park  
Certified Team Leadership Center Guide(s) and volunteer supervision  
Zip Line Celebration  
Life long memories!

## BRING WITH YOU

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

**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, headphones or cell phones. All camp staff have cell phones for emergencies.

## **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. **August 11-14 campers set up in tents.** Tents and camping gear and meals are provided with this adventure. **Campers attending August 18-21 set up in real Mongolian yurts.** (A yurt is a portable, wood-framed dwelling structure traditionally used by nomads. See photos of examples of inside and outside of a yurt. One yurt for boys, one for girls.) **All campers must bring their own bike.**



Sib Camp is an opportunity to share stories and experiences with peers who truly understand the ups and downs of life with a sibling who has special needs.

## **SUPERVISION**

Staff and volunteers from DC Adventure Center guide and facilitate Sib Camp. Staff are certified in education, ropes course, kayak, lifeguard, CPR and first aid. There is approximately one adult for every four campers.



## **MAKING CONTACT**

You will be given emergency contact information at the ORIENTATION MEETING (Date and time of orientation session will be emailed to parents.)

## **GETTING TO/FROM CAMP**

**August 11-14 campers** — Families are responsible for getting their campers to the DC Adventure Center by 10 am on August 11 and picking up August 14 by NOON for a special presentation by the campers.

**August 18-21 campers** — Families are responsible for getting their campers to the DC Adventure Center by 10 am on August 18 and picking up August 21 by NOON for a special presentation by the campers.

### **Driving Directions to the DC Adventure Center, Inc.**

#### **From Appleton or Green 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 2016 ENROLLMENT FORM

Enrollment Deadline: June 1, 2016

Enrollment Form and payment required with enrollment.

Check one:

- Sib Camp for ages 9-11 Wagon Trail (Yurt sleeping-\$375) August 18 10 AM - Aug 21 NOON  
 Sib Camp for ages 12-16 Newport Park (Tent sleeping-\$325) August 11 10 AM - Aug 14 NOON

Camper Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sibling(s) with disability: \_\_\_\_\_  
(name) (age) (primary diagnosis or description)  
\_\_\_\_\_

**I have read the Sib CAMP Expectations and agree to comply with them. Also, I understand that the registration fee and camp health report form is due no later than June 1, 2016. If I do not have the registration fee and health form in by June 1, my name may be removed from the registration list.**

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Signature of Parent/Guardian

Fee for Sib Camp (ages 9-11) \$375      \_\$\_\_\_\_\_ OR

Fee for Sib Camp (ages 12-16) \$325      \_\$\_\_\_\_\_

Check (payable to: WisconSibs)     Credit Card (Visa or Mastercard only)

Card # \_\_\_\_\_ Exp date \_\_\_\_\_

Signature \_\_\_\_\_

**Individuals and businesses in our community have made it possible to keep fees as low as possible for all campers. Additional scholarships are available on a first-come, first-serve basis. If you need additional financial support in order to attend, simply note how much you are able to contribute to the total fee and enclose that amount. You will be notified only if we are NOT able to accommodate your request.**

I need a scholarship in order to attend       I've enclosed \_\$\_\_\_\_\_

Send to: WisconSibs, Inc.  
Attn: Harriet Redman  
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 11-14, 2016      \_\_\_ August 18-21, 2016

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Email(s) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_  
\_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Medications currently taken \_\_\_\_\_

Date of most recent tetanus booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you currently have any of the following medical conditions? Check if yes

Asthma \_\_\_\_\_ Current Breaks \_\_\_\_\_ Current Sprains \_\_\_\_\_

Diabetes \_\_\_\_\_ Food Allergy \_\_\_\_\_ Heart Condition \_\_\_\_\_

Other \_\_\_\_\_

Explain briefly any conditions that are checked.

\_\_\_\_\_  
\_\_\_\_\_

Any other medical conditions which may affect your participation in any physical activity?

\_\_\_\_\_  
\_\_\_\_\_

Your signature indicates that the information provided is accurate and current.

\_\_\_\_\_  
Signature of Parent 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.

I hereby grant permission for the child named on this registration form to enroll in the Sib Camp. I also agree to not hold WisconSibs, Inc or the Team Leadership Center responsible or liable for any personal injury or accident while attending camp.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

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**SIB CAMP**

**CONSENT FOR FILMING, SOUND RECORDING OR PHOTOGRAPHING**

I, \_\_\_\_\_  
(Guardian/Parent/Volunteer)

hereby consent to the:

\_\_\_videotaping of

\_\_\_sound recording of

\_\_\_photographing of

\_\_\_news coverage of

\_\_\_\_\_  
(Name(s) of Children)

for the purpose of community education and awareness. This consent applies only to recording data during camping taking place August 10-16, 2015.

Do you give your permission for your child's name and photo to be placed in a SIB CAMP directory with the listings of other siblings. (Please circle) YES NO

I give my permission for the recorded events to be shared with the community.

\_\_\_\_\_  
Signature of legally authorized guardian/parent/volunteer

\_\_\_\_\_  
Date (mo/day/yr)



# 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?

Safety begins with you. For this to happen you must learn and follow all safety rules and your leader's instructions. You must use common sense and a questioning attitude and make your instructors aware at any point during an activity in which you question your knowledge of the safety rules or your ability to participate.

My signature below indicates that:

I \_\_\_\_\_ have read all the information presented in the above paragraph and understand and agree to accept the risks and responsibilities associated with participating in the Team Leadership Center program.

I understand that some of the program components may involve strenuous physical activity, that participation in any activity is voluntary and that I am physically able to participate in any activity in which I choose to do so.

I have provided complete, up-to-date, accurate health information for the Team Leadership Center and I will notify the Team Leadership Center instructor regarding any changes in my health or fitness during the program. In the unlikely event of an illness or injury, I give my consent to the Team Leadership Center to administer first aid and to secure professional medical services as needed.

Furthermore, I hereby personally assume all risks in connection with said activity and I further release the Team Leadership Center, Inc., Wagon Trail, Inc., Wagon Trail Land Co. LLC and the Wisconsin DNR, their owners, officers, directors, employees, agents and volunteers for any injury or damage which I may suffer while I undertake the above referenced activity, including all risks connected therewith, whether foreseen or unforeseen, which may result in injury, death, or other damages to me or my family, heirs, or assigns; and, further, I agree to save and hold harmless the Team Leadership Center, Inc., Wagon Trail, Inc., Wagon Trail Land Co. LLC and the Wisconsin DNR, their owners, officers, directors, employees and agents from any claim by me or my family, estate, heirs or assigns, arising out of my enrollment and participation in the above mentioned activity. In addition, I give my consent to the Team Leadership Center, Inc. to use any photographs that are taken during said program for marketing and advertising.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date