

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 \_\_\_\_\_ DOB \_\_\_\_\_ Circle one: M F

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phones \_\_\_\_\_

E-mail(s) \_\_\_\_\_

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.

3. 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."

4. If you completed a health form last year and your child's immunization history has not changed, you may write AUTHORIZE in the Statement line below, authorizing us to use last year's history.

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

**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 \_\_\_\_\_