Friends of Hunt Hill Audubon Sanctuary, Inc.
N2384 Hunt Hill Rd
Sarona, WI 54870
www.hunthill.org
715-635-6543

Adult Spanish Language & Culture Camp Registration

Sunday, July 26 to Friday, July 31, 2020

Your Full Name: _____

Full Address: _____

Phone Number: _____ **Email Address:** _____

Please choose one of the following housing options:

☐ Single Room in Long Dorm *(limited availability)*	$750.00	
☐ Shared Double Room in Long Dorm (If you have a specific person that you would like to share your room with, please include their name below.) _____	$650.00	
☐ Shared Wing in Cross Dorm	$625.00	
☐ Off-site (For those who would like to find their own accomodations in the local area. Fee includes all classes, activities, and meals.)	$600.00	

Optional: Add T-shirt

☐ 2020 Spanish Camp T-Shirt. Write size here: _____	$15.00	

Optional: Early Check-in

☐ Check here if you would like to arrive on Saturday, July 25, 2020 between 4:00 pm and 8:00 pm. (No meals or activities provided until Sunday evening.)	$25.00	

Optional: Add Membership (choose one)

☐ Senior/Student	$20.00	
☐ Individual	$30.00	
☐ Family *(includes two adults plus children under 18 years old. Grandparents can substitute grandchildren under 18 in place of grown children)*	$60.00	

Discounts (check all that apply)

☐ Hunt Hill Member	-$30.00	
☐ Early Bird (Register by May 8, 2020)	-$25.00	

	Total
Total due (Please add all of your charges and subtract any discounts from the far right column.)	
50% Deposit (Due with registration. Remainder of total due by Friday, July 10, 2020.)	

Cancellation policy: A full refund is available if a participant cancels at least 30 days prior to the start of camp. A refund, less a $100 processing fee, is available if participant cancels between 14 and 30 days prior to the start of camp. If a participant cancels less than two weeks before the start of camp, no refund is given. If Hunt Hill cancels the program, a full refund will be given to all participants.

Photo Release: If you give your permission to the Friends of Hunt Hill Audubon Sanctuary to use media taken during camp for promotional materials, please sign below. Participants are not identified by name or residence in publications.

Participant Signature _____ Date _____

Spanish Language Proficiency Level: Please check which level you think you are at right now. Spanish Camp Educators will assist you in determining your class level at camp. Beginner ___ Intermediate ___ Advanced ___

FOR OFFICE USE ONLY:

Deposit received	Date:	Check #	Amount:
Additional payment received	Date:	Check #	Amount:

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Adult Medical Form

Hunt Hill Audubon Sanctuary will keep your health information private and will only share pertinent information with necessary staff. Hunt Hill staff will provide first aid only. In the event of severe illness or injury, Rice Lake's Lakeview Medical Center EMS will provide care at participant's expense.

Full Name: _____ **Age:** _____ **Date of Birth:** _____

Street Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contacts: In case of emergency, who should be notified?

1st Contact: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

2nd Contact: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Primary Doctor: _____ **Clinic Name:** _____

Clinic City/State: _____ **Clinic Phone:** _____

Allergies: Please check Yes or No to indicate whether you have allergies to any of the following common allergens:

YES	NO	Allergen	Specific Allergen & Severity
☐	☐	Food or Drink	☐ Carry Epi-Pen?
☐	☐	Medications	☐ Carry Epi-Pen?
☐	☐	Insect Bites or Stings	☐ Carry Epi-Pen?
☐	☐	Plants	☐ Carry Epi-Pen?
☐	☐	Environmental (dust, pollen, etc)	☐ Carry Epi-Pen?

☐ ☐ Have you ever had a severe allergic reaction (anaphlaxis)?

Food Restrictions: Please list any foods that you cannot eat for health or religious reasons. Hunt Hill will try to accomodate food restrictions to the best of our abilities, but there are limitations. Please see Food Policy for details.

Medications: Please list any medications (including over-the-counter) that you take on a regular basis.

Past Medical History: Please check Yes or No to indicate whether you have any of the following medical conditions:

YES	NO	Condition	Description
☐	☐	Asthma	☐ Carry Inhaler?
☐	☐	Diabetes	☐ Insulin Pump?
☐	☐	Epilepsy/ Seizures	
☐	☐	Heart Disease	
☐	☐	High Blood Pressure	
☐	☐	Obstructive Sleep/ Apnea	☐ Use CPAP?
☐	☐	Musculoskeletal Condition	
☐	☐	Other Conditions (please describe)	

Is there anything else that we should know about your health history? (previous surgeries or hospitalizations, major trauma, problems requiring regular medical attention?

By signing below, I certify that all information above is complete and accurate to the best of my knowledge.

Printed Name: _____ Signature: _____ Date: _____