

Whitetail Farside Adventure Camp

Camp Mission ~ to provide the ideal outdoor environment and a unique opportunity for children to learn valuable skills and make new friends through programs that are challenging, educational and fun. We strive to create space for young people to learn how to work as a group while gaining confidence in their unique abilities as individuals.

Dear Parent or Guardian,

Thank you very much for enrolling your child/children in the Whitetail Farside Adventure Camp. It promises to be a fantastic week. We are excited about the quality and experience of the instructors and facilitators that we have assembled to work with the campers.

Medications: If any medications need to be administered to your child while at camp, they should be properly labeled and given to the camp counselor with specific written directions.

Check-In: Check-in is from 3-6 pm on Sunday afternoon. Check-in will take place at the side porch of the Guest Service department. When you arrive at the resort, proceed to the Main Circle and come up the ramp or steps. Guest Services will be on your Right when you reach the plaza. We will register your camper(s) and then transport campers, parents and luggage to the dorm. You will then be able to escort your child to their assigned room and assist them with getting settled into their room.

Special Requests: Please contact Tangela Gibbons as soon as possible with any rooming requests your camper might have. If there are any special dietary requests, we will need to be made aware of those as soon as possible as well.

Our Camp Includes:

- ☺ Lodging, meals, and exceptional activities for the week.
- ☺ Tuition covers the fees associated with any activities during camp. We do suggest sending some spending money with you camper(s) for souvenirs, ice cream, etc.
- ☺ Camp T-shirt; Water bottle; Group photo and much more.

Parents' Reception:

On Friday, we would like to invite all parents to come and enjoy the afternoon with us. We will meet in Mountain Hearth Pizzeria. We will provide light refreshments beginning at 12:00 noon.

All campers must be picked up by 2 pm.

Cancellation Policy:

If you cancel before 72 hours a full refund will be issued, within 72 hours, no refunds will be given. If you have any questions or concerns, please call Tangela at (717) 328-9400 ext. 3526. You may also email us at tmgibbons@skiwhitetail.com

Thank you for choosing Whitetail Adventure Camp as a summer activity for your child. **Please mail these forms to: Whitetail Resort, Attn: Tangela Gibbons, 13805 Blairs Valley Road, Mercersburg, PA 17236 or email to tmgibbons@skiwhitetail.com at least one week prior to camp.**

The Farside Adventure

What to bring to camp?

General Tips:

- Label everything! And be sure your camper knows what's packed so they know what to bring back home with them.
- Please leave valuables, including electronics (handheld games, Ipads, Ipods, etc.) and jewelry, at home.
- **Cell phones will be collected and only be available during designated times.** We have a photographer who will provide pictures and videos of camp activities. Our counselors will have their phones as well during activities so they can communicate with the resort and parents as needed.
- Campers may bring some cash for a souvenir or tasty treat if they wish.
- Campers will receive the Camp T-shirt and water bottle as part of the camp experience.

What to Pack:

- 6-7 T-shirts
- 6-7 pair of shorts
- 1-2 swimsuits and beach towels
- 1-2 pair of pants (jeans or sweatpants)
- A rain resistant jacket
- 1-2 sweatshirts
- 6-7 pair of underclothes
- 1-2 pairs of Pajamas or other sleeping attire
- 6-7 pairs of socks
- 1 extra pair of Sneakers or hiking type shoe (wear a pair)
- 1 pair of water shoes (close toed sandals)
- Campers may bring flip flops or slippers to wear around the dorm. We will not allow flip flops to be worn during activities.
- A large plastic bag for dirty clothes
- Back pack for day trips and excursions
- Sunscreen
- Bug spray
- Sleeping bag or twin sheets; blanket and pillow (**We will be camping overnight at Roundtop on Tuesday, so a sleeping bag will be preferred for that.**)
- Hat and/or sunglasses
- 2 Bath towels and several wash clothes
- Toiletries—soap, shampoo, toothbrush, toothpaste, comb, brush, deodorant, etc. (pack these items in a plastic tote or box that can easily be taken to the shower facilities)
- Medications, if necessary (please give to counselor for administration)
- Personal mementos from home (stuffed animal, family photo or other special object)
- It's nice to include a secret note from Mom or Dad to be found when unpacking

Staff: Our staff have all required clearances to work with children and are First Aid and CPR certified.

Housing: Our accommodations consist of dorm style living. Girls and boys live on separate levels of the dorm and share rooms with peers. Our dorms have full bathrooms and shower facilities along with a common area and kitchen.

General Camp Rules:

- Counselor must know where you are at all times
- Respect all our staff members and other campers
- Respect facilitators and instructors during activities
- Respect our facilities and equipment
- Respect our natural environment

Discipline: We will make every effort to correct a situation if a behavioral issue arises. If a camper refuses to cooperate, his or her parent will be contacted to pick up their child.

Under no circumstances will possession of tobacco products, alcohol, drugs, knives, guns, or other weapons be tolerated. We will ask that any campers found with such items be picked up immediately. **No refunds or exchanges will be offered if your child leaves camp for disciplinary actions.**

Profanity, bullying and being disrespectful will not be tolerated. Any accounts of this will be corrected and handled as needed by counselors. If the situation is not able to be corrected, the camper will be sent home and no refunds will be offered.

Cleanliness will be expected from all campers. Shower facilities are available. Dorm rooms will be shared space and will be expected to be kept tidy throughout the week.

Medical Emergencies: Counselors carry a two-way radio to contact our first aid and/or camp director, who will attempt to reach the camper's emergency contact(s). If no one can be reached, we will accompany the child to the most appropriate medical facility. **Each group of kids will have at least one counselor trained in First Aid and CPR at all times.**

Meals: All our meals are prepared by the campers in our Camp lodge. Groups of campers will be responsible for preparing & serving the meal and cleaning up afterwards. This will work on a rotational schedule for the week allowing all campers to participate equally.

Special Requests: We ask that any requests such as rooming requests, dietary needs, etc. be made known to us as soon as possible. We will do our very best to accommodate any requests receive.

Contact Information: Whitetail Resort; 13805 Blairs Valley Road, Mercersburg, PA 12736 (717) 328-9400

Tangela Gibbons, Camp Coordinator, tmgibbons@skiwhitetail.com (717) 328-9400 ext. 3526

Adam Gum, Camp Director, agum@skiwhitetail.com (717) 328-9400 ext. 3558

Korey Walker, Head Counselor, kwalker@skiwhitetail.com (717) 328-9400 ext. 3531

The Farside Adventure - MENU

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>
Breakfast		Assorted Cold Cereals Fresh Fruit Yogurt w/add-ins French Toast w/syrup Sausage	Assorted Cold Cereals Fresh Fruit cottage cheese Omelets Bacon
Lunch		Hamburger / Cheeseburger French Fries Applesauce Brownie	Jumbo Dog or Ital. sausage Macaroni & Cheese Peas Rice Krispy Treats
Dinner	Lasagna Green Beans Ice Cream	Sloppy Joes / Pulled Pork Tater Tots Corn on the Cob Apple Cobbler	Spaghetti Meatballs Steamed Broccoli Garlic Bread Yogurt Parfaits
	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Breakfast	Assorted Cold Cereals Fresh Fruit Yogurt w/add-ins Sausage Gravy w/Biscuits	Assorted Cold Cereals Fresh Fruit Cottage Cheese Oatmeal Bagels	Assorted Cold Cereals Fresh Fruit Yogurt w/add-ins Pancakes w/syrup Scrambled Eggs Bacon
Lunch	Tuna Salad Sandwich Turkey Sandwich Pretzels Apple Cookie	Chicken Tenders pasta salad chips pudding	Ham & Cheese Sand Chicken Salad Sand celery/ carrot sticks + ranch Cookies
Dinner	guac + salsa.... Taco/burrito bar Spanish Rice Refried Beans Cake	(open fire) Marinated Steak or Chicken Grilled Veggies Baked Potato Watermelon	

Whitetail Resort FAR SIDE CAMP – Registration Form

Camper Information

Camper's Name (First, Last) _____ Nickname _____ Gender _____

Date of Birth ___/___/___ Age _____ T-Shirt Size (please circle one):

Address _____ City _____ State _____ Zip _____

Sibling Registration:

Camper's Name (First, Last) _____ Nickname _____ Gender _____

Date of Birth ___/___/___ Age _____ T-Shirt Size (please circle one):

Camper's Name (First, Last) _____ Nickname _____ Gender _____

Date of Birth ___/___/___ Age _____ T-Shirt Size (please circle one):

Parent/Guardian Information

Name(s) _____

Email Address _____ Best Way to Contact _____

Home _____ Work _____ Cell _____ Alternate _____

Registration Information

Dates Attending (check) Week I July 28 – Aug 2 Week II Aug 4 – 9

Emergency Contacts

Name _____ Relationship to Camper _____

Preferred Phone _____ Alternate Phone _____

Name _____ Relationship to Camper _____

Preferred Phone _____ Alternate Phone _____

Camper's Name: _____

Medical Information

Whitetail Resort will comply with all applicable state and federal laws related to privacy of information.

Y N Does the camper have allergies? If yes, please specify: _____

Y N Does the camper take rescue medication for above? If yes, please specify: _____

Y N Does the camper take any daily *prescriptions/medications*? If yes, please specify: _____

Has the camper been treated for any other medical conditions: _____

*** Sibling's Name: _____

Y N Does the camper have allergies? If yes, please specify: _____

Y N Does the camper take rescue medication for above? If yes, please specify: _____

Y N Does the camper take any daily *prescriptions/medications*? If yes, please specify: _____

Has the camper been treated for any other medical conditions: _____

*** Sibling's Name: _____

Y N Does the camper have allergies? If yes, please specify: _____

Y N Does the camper take rescue medication for above? If yes, please specify: _____

Y N Does the camper take any daily *prescriptions/medications*? If yes, please specify: _____

Has the camper been treated for any other medical conditions: _____

Name of Primary Care Physician _____

Phone _____

Health Insurance Co. Name _____

Phone _____

Verification of Accuracy and Full Disclosure

I acknowledge that I have provided all known medical related information that may affect my child's participation. I agree to notify the staff if there is any change in my or my child's physical or medical condition prior to my child's scheduled activity.

Signature _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my minor child's participation while at the Whitetail Resort Farside Adventure Camp.

Signature _____

Camper's Name: _____

Camp Release Agreement**

NOTICE OF RISK

I, the undersigned do hereby understand, acknowledge and agree that participation in the Whitetail Resort Adventure Camp will include outdoor adventure activities such as; Team Building, High and Low Ropes, Zip Lines and other climbing related activities, Kayaking, Shooting Sports, River Tubing, Slip and Slide, Fishing, and Hiking, as well as Mountain Adventures at Roundtop Mountain. These activities like all outdoor adventure activities contain an inherent risk of serious injury or death.

I understand that I may choose not to allow my child's participation in a specific activity and may do so by specifying that activity below:

My child ***may not*** participate in: _____

ASSUMPTION OF RISK

UNDERSTANDING THE HAZARDS INHERENT TO THE CAMP ACTIVITIES, I AGREE TO ASSUME FOR MY MINOR CHILD, ALL OF THE RISKS INVOLVED.

RELEASE FROM LIABILITY

In consideration of my child being permitted to participate in the Adventure Camp at Whitetail Resort,

I AGREE NOT TO SUE, TO RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND THE WHITETAIL MOUNTAIN OPERATING CORP., SNOWTIME INC., ITS OWNERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY IN ANY WAY RELATED TO MY CHILD'S PARTICIPATION OR USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE ENTITIES NAMED ABOVE.

I agree that I will advise the Counselor or staff of any medical or health conditions that might affect my child's participation in the program.

I agree to report all injuries to a Counselor or staff member before leaving the area.

I hereby grant my permission for Whitetail Resort to use any photograph, film, videotape or sound recording of my child for any legitimate business purpose.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of Franklin County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I hereby give my permission for my child to attend the Whitetail Resort Adventure Camp, and to participate in all related activities, except those I listed above. I agree that I have read and understand the "Notice of Risk", "Assumption of Risk" and "Release of Liability" and agree to be legally bound hereto.

Signature of Parent or Guardian

Date

(The signature of one parent or guardian binds both parents or guardians to the terms of this agreement)

****Please Note: Whitetail Resort requires a Release Form for each camper. Please access the Sibling Release form online and complete for any additional campers. This can be found on the Summer Camp page of the Whitetail Resort website.**

ADDITIONAL INFORMATION (ONLY 1 FORM PER FAMILY IS REQUIRED)

Camper(s) Name: _____

Camp: Wk I (July 28 - Aug 2)

Wk II (Aug 4 - 9)

(Please circle week(s) attending)

_____ This camper has special dietary needs/requirements

Please explain: _____

This camper has friends attending camp. Please group him/her with _____

Additional comments, notes, etc.: _____

Sibling Name: _____

Camp: Wk I (July 28 - Aug 2)

Wk II (Aug 4 - 9)

(Please circle week(s) attending)

_____ This camper has special dietary needs/requirements

Please explain: _____

This camper has friends attending camp. Please group him/her with _____

Additional comments, notes, etc.: _____

Sibling Name: _____

Camp: Wk I (July 28 - Aug 2)

Wk II (Aug 4 - 9)

(Please circle week(s) attending)

_____ This camper has special dietary needs/requirements

Please explain: _____

This camper has friends attending camp. Please group him/her with _____

Additional comments, notes, etc.: _____

MOUNTAIN ADVENTURES
RELEASE & ASSUMPTION OF RISK AGREEMENT

NAME: _____
Please Print

DATE: _____

ADDRESS: _____
Street City State Zip

E-MAIL: _____

GROUP NAME (if applicable): _____

NOTICE OF RISK

I, the undersigned, do hereby understand and agree that the Roundtop Mountain Adventure recreational activities including, but not limited to: the Woods Challenge Course, Canopy Crawl, Alpine Traverse, Switchback Tower, Giants Staircase, Crow's Nest Tower, Cave Crawl OGO, Tree House Zip-Lines, Dual Zips, Sky Lift Ride, Surface Lift, Bumper Boats, Cedar Maze, Super Slide and Trail Hiking, contain inherent and other risks that could lead to serious injury or death. These risks include, but are not limited to: falling from or out of the various features; traveling at various rates of speed; falling out of tubes, collisions with other participants or spectators; being struck by or collisions with natural and man-made objects such as: trees, rocks, fencing, signage, structures and related equipment; falls related to variations in terrain or slippery walking surfaces; weather related or other environmental hazards and falls from, being struck by or other injury related to the use of the lift.

I agree to inspect each feature and associated equipment prior to any use of the same. I understand that I will receive instruction prior to the use of features when instruction is necessary. I agree to follow or ask for explanation of any instruction, signage, rules, policies, user responsibilities, and rider limits. I affirm that the user information provided by me is true and correct.

I accept for use, AS IS, the Mountain Adventure facilities including the lifts and other associated equipment.

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all the risks involved, **I hereby expressly and voluntarily agree to accept and assume for myself and/or my minor child all the risk associated with participation and/or the use of the facilities.**

RELEASE OF LIABILITY

In consideration of being allowed to use the Mountain Adventures at Roundtop Mountain Resort, **I HEREBY AGREE NOT TO SUE AND TO RELEASE, SKI ROUNDTOP OPERATING CORP., SNOW TIME, INC., AND PEAK RESORTS, INC., AS WELL AS THEIR AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO ANY PAST, PRESENT OR FUTURE INJURY, PROPERTY LOSS OR ANY CLAIM OTHERWISE RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE SAME, INCLUDING GROSS NEGLIGENCE, IMPROPER CONDUCT OR ANY OTHER CAUSE ENFORCEABLE BY LAW.** I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE.

I agree that all disputes arising under the scope of this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. Further, this agreement is governed by the applicable laws of the Commonwealth of Pennsylvania. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I hereby grant my permission for Roundtop Mountain Resort to use any photograph, videotape or sound recording of me or my child for any legitimate business purpose.

If I do not agree with the above, I will not use the Mountain Adventure facility. I further represent and warrant that if I am signing on behalf of a minor child, I am doing so with the consent and approval of my spouse (if any).

I, the undersigned have read, understand and agree to be legally bound by the above release agreement.

Participant signature: _____
(If a minor (under 18), the signature of a parent or guardian is required)

Date _____

Parent or Guardian Signature: _____

Date _____

Additional Children under 18 (Print Full Name)

1. _____ Age: _____

4. _____ Age: _____

2. _____ Age: _____

5. _____ Age: _____

3. _____ Age: _____

6. _____ Age: _____

Ride Information

OGO – The OGO ride is a serious sports activity which should only be attempted by physically fit persons who are within our rider limits. In addition, all riders must confirm that they do not have any of the following conditions: Any physical or mental conditions which may restrict your ability to ride safely such as; existing back or neck conditions, heart conditions, pregnancy, lack of full body mobility. Injuries and mental changes can arise during and/or resulting from engaging in this activity. These injuries and changes include, but are not limited to, abnormal blood pressure, bruising, strains, cuts, dislocations, and fractures.

H2 OGO (1, 2, or 3 riders together in OGO)

WEIGHT: Maximum weight for each person = 275 lb. (27 kg)

For multiple riders (when there are 2 or 3 riders inside the OGO), the maximum combined weight is 550 lbs (250kg)

AGE: Minimum age: 5 (5-year old's must ride with an adult)

BUMPER BOATS

HEIGHT: Must be 44" (1.12m) to drive the boat.

Any passenger under 40" tall must wear a flotation device.

TREEHOUSE ZIPS

WEIGHT: Maximum weight is 300 lb (136.07 kg)

AGE: Minimum Age: 5

CANOPY CRAWL / ALPINE TRAVERSE / SWITCHBACK TOWER / GIANTS STAIRCASE / CROW'S NEST TOWER/CAVE CRAWL

WEIGHT: Maximum weight is 300 lbs. (136 kg)

AGE: Minimum Age: 5

SUPER SLIDE

WEIGHT: Maximum weight is 300 lbs. (136kg)

Height: Maximum height is 84"

Minimum height is 45"

Age: Minimum Age: 5

DUAL ZIPS

WEIGHT: Minimum Weight is 70 lbs. (31.8 kg) Maximum weight is 250 lbs. (113.4kg)

Age: Minimum Age: 5

**VERTICAL TREK AND ROPES/CHALLENGE COURSE
RELEASE AGREEMENT**

NAME: _____ DATE: _____

ADDRESS: _____

E-MAIL: _____

GROUP NAME (if applicable): _____

AGE: _____ WEIGHT: _____ (for the VERTICAL TREK ONLY minimum age is 10, and weight limit is 70 - 250 lbs.)

DESCRIPTION OF ACTIVITY

The Vertical Trek and Ropes/Challenge Course consists of overhead zip-lines (traversing cables using safety harnesses), overhead challenges (cable, rope, net or wooden features), rappelling, climbing, short hiking, low challenge features, teambuilding activities, the use of ski lifts, and the use of canoes and kayaks. I understand and agree that my participation is based on a philosophy of "Challenge by Choice", which means that my or my minor child's participation, and level of challenge in any activity is purely voluntary.

NOTICE OF RISK

I, the undersigned do hereby understand, acknowledge and agree that, High Ropes, Zip-Lines, and other elevated elements; including climbing related activities, teambuilding activities and the use of canoes and kayaks contain inherent and other risks that could lead to permanent serious injury or death. These risks include but are not limited to: falling to the ground, falling onto other participants, collisions with natural and manmade objects or equipment, being hit by falling objects, variations in pitch and terrain, hidden and obvious obstacles, mountainous terrain, natural environmental risks and drowning. I further understand that while instruction, rules, equipment, and personal discipline may reduce these risks, the possibility of serious injury still exists.

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all the risks involved in the activity, **I hereby agree to expressly and voluntarily accept and assume for myself and /or my minor child all the risk involved. Further, I agree to inspect the features prior to any use of the same and agree to accept for use as is, the Vertical Trek or Ropes/Challenge Course and associated equipment.**

RELEASE OF LIABILITY

In consideration of being allowed to participate, **I HEREBY AGREE NOT TO SUE, AND TO RELEASE, SKI ROUNDTOP OPERATING CORP., SNOW TIME, INC., AND PEAK RESORTS, INC., AS WELL AS THEIR AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, RELATED TO ANY PAST, PRESENT OR FUTURE INJURY, PROPERTY LOSS OR CLAIM OTHERWISE RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE SAME, INCLUDING: GROSS NEGLIGENCE, IMPROPER CONDUCT OR ANY OTHER CAUSE ENFORCEABLE BY LAW.** I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE.

I agree that the resort may use my, or my child's photo or video for any legitimate business-related purpose. I agree to report all injuries to a facilitator or staff member before leaving the area.

I agree that all disputes arising under the scope of this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. Further, this agreement is governed by the applicable laws of the Commonwealth of Pennsylvania. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I, the undersigned have read, understand and agree to be legally bound by the above release agreement, and If I do not agree with the above, I will not use or permit the use the facility.

Signature of Participant
(If a minor (under 18), the signature of a parent or guardian is required)

Date

Signature of Parent or Guardian (if under 18)

Date

I represent and warrant that I am signing on behalf of a minor child, with the consent and approval of my spouse (if any), agreeing that the signature of one parent or guardian binds both parents or guardians in reference to this agreement.