



## **Required Forms Introduction**

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- The Group Roster is to be filled out by the Youth Leader. Please do not have your students fill it out.
- Any person that will be on our property is required to have the Medical Info and Liability Waivers filled out, in their entirety (must be notarized).
- If you are coming during the rafting season (March – October), you must also have the Nantahala forms filled out.



## **Group Roster “Electronic Fill-In” Instructions**

Once you have opened the SWO Group Roster you should take note that items entered on this page cannot be saved and must be printed for your records and ours\*\*. We must have this form filled out and returned with all other forms due on the agreed upon deadline.

- Simply click your mouse in the fields that require text and begin filling out the requested information.
- For Drop Down menus: Simply click the down arrow button to the right then choose the appropriate field that best describes the choice needed.
- Next to each roster name is a drop down menu with the numbers 1-6 in them. These numbers are to designate the number in sequence of attendees (again in alphabetical order). Once you pass 6 attendees you may enter your own number\*.
- If assistance is needed you can simply hover your mouse cursor over the field in question for a brief tip or call the office at 828-321-2210.

\*The Group Roster can only hold 6 attendees. Once you have filled out the first 6 attendees print your roster for your records and ours\*\*. Then you may continue by either opening a new Group Roster or simply deleting the information in the current Roster you have open. Since you have more than 6 attendees you may now enter the next number in sequence. i.e. 7, 8, 9... Follow this process as you continue to have multiples of 6 or more.

\*\*Please fill in your Group Roster. It is important to the Snowbird Staff in preparation and prayer for your group prior/during your stay with us.

# SNOWBIRD

## WILDERNESS OUTFITTERS

### GROUP ROSTER

**\*\*Please Put Names In Alphabetical Order\*\***

Group Name/Individual \_\_\_\_\_  
Camp Date: \_\_\_\_\_  
Choose one:

<b>Breakdown:</b> Female Leader _____ Female Student _____ Male Leader _____ Male Student _____
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1. Name \_\_\_\_\_ Choose One: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Brief Spiritual Bio: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only: <input type="checkbox"/> Med Info <input type="checkbox"/> Waiver <input type="checkbox"/> Nantahala <input type="checkbox"/> Ocoee
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2. Name \_\_\_\_\_ Choose One: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Brief Spiritual Bio: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only: <input type="checkbox"/> Med Info <input type="checkbox"/> Waiver <input type="checkbox"/> Nantahala <input type="checkbox"/> Ocoee
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3. Name \_\_\_\_\_ Choose One: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Brief Spiritual Bio: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only: <input type="checkbox"/> Med Info <input type="checkbox"/> Waiver <input type="checkbox"/> Nantahala <input type="checkbox"/> Ocoee
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4. Name \_\_\_\_\_ Choose One: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Brief Spiritual Bio: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only: <input type="checkbox"/> Med Info <input type="checkbox"/> Waiver <input type="checkbox"/> Nantahala <input type="checkbox"/> Ocoee
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5. Name \_\_\_\_\_ Choose One: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Brief Spiritual Bio: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only: <input type="checkbox"/> Med Info <input type="checkbox"/> Waiver <input type="checkbox"/> Nantahala <input type="checkbox"/> Ocoee
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6. Name \_\_\_\_\_ Choose One: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
Brief Spiritual Bio: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only: <input type="checkbox"/> Med Info <input type="checkbox"/> Waiver <input type="checkbox"/> Nantahala <input type="checkbox"/> Ocoee
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# **Snowbird** WILDERNESS OUTFITTERS

## Medical Information Form

Forms are designed in cooperation with Murphy Medical Center and Swain County Hospital for the safety of each participant. Parent, legal guardian or Adult camper must thoroughly complete medical information and waiver of liability forms.

Group Name: \_\_\_\_\_ Camp Date: \_\_\_\_\_  
Circle One: Summer Camp/Retreat/OLD School/Missions \_\_\_\_\_ I do not want to receive SWO e-newsletter!  
Circle One: Student/Adult/Child/Leader/Chaperone \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ D/O/B: \_\_\_\_\_ Sex: M\_ F\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### INSURANCE INFORMATION:

\_\_\_\_ Check here if participant does not have insurance.  
Insurance Company: \_\_\_\_\_ Family Physician: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_ Policy #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_  
Subscriber D/O/B: \_\_\_\_\_ Subscriber S.S. #: \_\_\_\_-\_\_\_\_-\_\_\_\_ Subscriber Phone #: (\_\_\_\_) \_\_\_\_\_  
Subscriber's Address (if different from above): \_\_\_\_\_

### MEDICAL HISTORY

\*\* If the participant has been exposed to any communicable disease within two weeks prior to their stay, please do not send them to camp. \*\*

- Any operations, illness, or injuries in the last year?: \_\_\_\_\_
- Date of last Tetanus shot: \_\_\_\_\_ Date of last DPT or DT booster: \_\_\_\_\_
- Does your child have any physical or mental problems that Snowbird should be aware of?  
(For example: asthma, allergies, diabetes, depression, seizures, eating disorder, etc.)  
Check One: \_\_\_NO \_\_\_YES If YES, please explain: \_\_\_\_\_
- Please indicate any allergies your child has: \_\_\_Bee Sting \_\_\_Penicillin \_\_\_Hay Fever \_\_\_Poison Ivy/Oak  
\_\_\_Bacitracin \_\_\_Sumac \_\_\_Antihistamine \_\_\_Other \_\_\_\_\_
- Circle the medications that Snowbird may administer:  
Tylenol Ibuprofen Antihistamine Tums Swimmer's Ear Epipen Other \_\_\_\_\_

Legible written physician's directions should accompany any prescription medication that is brought to camp. Include medication type, dosage, frequency, condition being treated, physician's signature, and DEA number. For the safety of all our participants, medication can only be administered by church or Snowbird staff. It is the responsibility of the parent or guardian to make these arrangements.

PLEASE ATTACH ANY ADDITIONAL MEDICAL CONCERNS

# SNOWBIRD

## WILDERNESS OUTFITTERS

### Waiver of Liability and Medical Release

Camper Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Program 1: Regular Camp and Retreats. All campers remain in local area.

Program 2: Missions Camp. This is a combination of summer camp and community service projects. Projects include, but are not limited to repair of houses.

Program 3: O.L.D School Program is predominantly an outdoor leadership school. These sessions include, but are not limited to, backpacking, whitewater rafting, canoeing, and travel to other states/countries.

1. Medical Attention: I understand that medical attention cannot be immediate in all circumstances. Medical attention will be dependent upon the time needed to remove the person from the program activity area such as a trail in the remote mountains or a river deep within a ravine.
2. Injury to Persons or Property. Responsible party agrees that Snowbird Wilderness Outfitters shall not be liable to Responsible party or any other person for any injury occurring in, on, or around the Premises of other locations including, without implied limitation, attorney's fees and/or cost of defending any action.
3. That I/We hereby release Snowbird Wilderness Outfitters, its employees, officers, directors and camp staff and any individual associated with Snowbird Wilderness Outfitters from any and all liability, including all expenses of litigation, which might arise from or be a result of my/our child's participation in the use of the Premises and other locations. I/We further agree to fully indemnify, and hold harmless, any individual or entity herein named from any liability from my/our participation in the use of the premises and other locations and that I/We hereby WAIVE and RELEASE the parties herein named from any and all liability arising as a result or from my/our participation in the use of the Premises and other locations.
4. My signature authorizes the staff at Snowbird Wilderness Outfitters to act for me according to their best judgment in any emergency requiring medical attention. The camper may be transported by camp personnel to medical facilities. I hereby waive and release camp from any and all liability for any injuries or illnesses incurred while at the camp or while being transported by camp staff for medical attention. I understand that participation in camp activities involves motion, rotation and height in a unique environment and as such, carries with it the risk of injury or death. All campers must be covered by their own medical insurance. If the camper does not have insurance, the camper or camper's family assumes liability. All medical expenses incurred will be the responsibility of the camper or camper's family. I have no knowledge of any physical or mental impairment that would be affected by the named camper's participation in the camp program as outlined on the camp website. The camp is not responsible for the personal items that are lost, stolen, or damaged. I also understand the camp retains the right to use any photographs, videotapes, motion picture recordings or any other record of this event for publicity, advertising or for any legitimate purpose.
5. I hereby authorize the physician(s) and staff of any Medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary for the camper while enrolled in Snowbird Wilderness Outfitters. Said medical treatment may be given without any further permission from the undersigned. I also authorize payment of medical benefits for any services furnished to the camper by physicians or staff at the above facilities. I authorize you to release to my insurance company information concerning the health care provided to the camper while attending Snowbird Wilderness Outfitters. In the event of any injury or illness requiring transportation to an independent medical facility, I authorize the release of all medical records generated at the facility to the medical staff at Snowbird Wilderness Outfitters. I understand this will enable a continuity of care upon the camper's return to Snowbird Wilderness Outfitters and will provide staff a means of informing family members of the camper's medical condition. Such records will remain a confidential part of the camper's general record.

X \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINT Name of Parent/Guardian (Responsible Party) SIGNATURE of Parent/Guardian (Responsible Party)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

\*\*Please do not arrive at Snowbird without proper notarization\*\*

I, \_\_\_\_\_, a Notary Public for \_\_\_\_\_ County, \_\_\_\_\_ (state), do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my/our hand and seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_ My commission expires \_\_\_\_\_, 20\_\_\_\_.  
 NOTARY PUBLIC

\*\* Notary Stamp or Seal Required \*\*

# NANTAHALA RIVER

## **APPALACHIAN RIVERS RAFT CO. INC. RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of Appalachian Rivers Raft Co. Inc. furnishing services and/or equipment to enable me to participate in whitewater activities, I agree as follows:

I fully understand and acknowledge that outdoor activities have:

(A) Inherent risks, dangers and hazards and such exist in my use of Appalachian Rivers Raft Co. Inc. equipment and my participation in whitewater activities;

(B) My participation in such activities and/or use of such equipment may result in injury or illness, including but not limited to bodily injury, disease, strains, fractures, and partial and/or total paralysis, death or other ailments that could cause serious disability;

(C) These risks and dangers may be caused by the negligence of the owners, employees, officers or agents of Appalachian Rivers Raft Co. Inc., the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to guide decision making, including falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and

(D) By my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees Appalachian Rivers Raft Co. Inc. or by any other person, or United States Government (U.S. Forest Service) or Duke Energy, Co. I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to and do hereby release, waive, discharge, hold harmless, defend and indemnify Appalachian Rivers Raft Co. Inc. and its owners, agents, officers, and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Appalachian Rivers Raft Co. Inc., equipment or my participation in whitewater activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of Appalachian Rivers Raft Co. Inc. or United States Government (U.S. Forest Service) or Duke Energy, Co. The Venue of any dispute that may arise out of this agreement or otherwise between the parties to which Appalachian Rivers Raft Co. or its agents is a party shall be in the County of Macon and jurisdiction for trial thereof shall be in the Macon County Courts, Superior Court Division. I also release any photos which may be taken of me to be used at the discretion of Appalachian Rivers Raft Co. Inc. I relinquish my rights to any compensation for the use of said photographs in advertising or promotional displays.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE APPALACHIAN RIVERS RAFT CO. INC., FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

\_\_\_\_\_  
**PRINT PARTICIPANT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**PHONE #**

\_\_\_\_\_  
**AGE**

\_\_\_\_\_  
**WEIGHT**

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
**PARENT/GUARDIANS SIGNATURE**

\_\_\_\_\_  
**(PRINT NAME)**

\_\_\_\_\_  
**DATE**



## OLD School Packing List

OLD School will provide the majority of the gear for your course. Most of the items you will need to bring are clothing and toiletries. However, many students prefer to use their own gear with which they are already familiar. This is great! Feel free to bring whatever you have, and OLD School staff will check through it all and make sure it's good to go.

One secret to clothing for outdoor travel is layering. The more layers you bring, the more options you have to maintain the optimal temperature while exerting yourself. You'll want to be warm at times, but not sweaty. It is often hard to maintain a balance without several different clothing "weight" choices for upper and lower body. Even in the summer you will want a light jacket; the temperature drops pretty fast in higher elevations.

**\*A note on cotton:** cotton items are perfect for anytime you are sure to be dry. However, cotton is a real downer when it is wet. Cotton has very poor wicking properties, meaning that it dries very, very slowly. Often, we will be in wet conditions without a hot sun to dry us off and warm us up. We rely on our gear to keep us warm and safe. For example, if you wear cotton socks on a cool day, and we have to cross a river on foot, your feet could be in bad condition by the time we make it to camp. Wool and synthetics, like polyester, work great on any part of your body. If you just have cotton clothes you don't have to go buy a whole new wardrobe, but Wal-Mart does have really cheap polyester shirts; thrift stores also have a wonderful selection of polyester shirts (the tackier the better). Please feel free to call or email with any questions...[harry@swoutfitters.com](mailto:harry@swoutfitters.com)

### **You'll need to bring the following items:**

- \_\_\_ Sleeping Bag – a lighter, smaller bag is best
- \_\_\_ Sturdy, comfortable boots/shoes to hike in
- \_\_\_ Second pair of shoes – for most of the water activities and things around camp
- \_\_\_ 2 T-shirts - Non-cotton works best. Polyester is perfect.
- \_\_\_ Toiletries - Toothbrush, toothpaste, etc
- \_\_\_ Warmer upper body layer - Such as a jacket, sweater, fleece, etc
- \_\_\_ Shorts to hike in -1 pair is fine
- \_\_\_ Wind pants (optional) - One pair of lightweight, breathable pants to hike in. Leg zippers are convenient for slipping on and off while wearing boots.
- \_\_\_ 2 or 3 pairs of socks - Wool socks, or wool blend socks are great.
- \_\_\_ Hats (optional)- A baseball type hat works nice to keep the sun off your face. You also might like a warm hat to cover your ears. Wool or fleece is best.
- \_\_\_ Sunscreen (optional)
- \_\_\_ Bible (something smaller to carry in your backpack)
- \_\_\_ Notebook with pens or pencils
- \_\_\_ Raingear-It rains here a good bit. Solid raingear can be your best friend.
- \_\_\_ Headlamp/flashlight
- \_\_\_ A pocket knife if you have one (be sure to tell your youth leader you have one)

### **Things you won't need:**

- \*Cell Phone
- \*CD/MP3 player
- \*2 piece bathing suits





For office use only:

Date received \_\_\_\_\_

NOTE: This Student Profile is not a medical release form.

## O.L.D. School Student Profile

Full Name \_\_\_\_\_ Name called \_\_\_\_\_

Address \_\_\_\_\_

Phone( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Church \_\_\_\_\_ Phone( ) \_\_\_\_\_

Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone( ) \_\_\_\_\_

Youth Director's Name \_\_\_\_\_ Phone( ) \_\_\_\_\_

### Personal Information:

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

\_\_\_\_\_ Engaged \_\_\_\_\_ Separated

Shirt size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL

Weight: \_\_\_\_\_ Height: \_\_\_\_\_' \_\_\_\_\_" (Equipment fitting purposes)

Parent(s) Name(s) \_\_\_\_\_

Parent(s) home address if different than the one listed above:

\_\_\_\_\_

Phone( ) \_\_\_\_\_

### Education: (Fill out all that applies to you)

High School \_\_\_\_\_

Grade completed by course date \_\_\_\_\_

Year of graduation \_\_\_\_\_

Please rank the three factors that influenced your decision to attend O.L.D. School (1=highest):

\_\_\_\_ Snowbird website

\_\_\_\_ Snowbird Brochure

\_\_\_\_ Being a former Snowbird camper

\_\_\_\_ Being a former OLD School camper

\_\_\_\_ Word of Mouth

\_\_\_\_ Other

**SNOWBIRD**  
WILDERNESS OUTFITTERS



### Camp Experience:

As a camper: Camp Name \_\_\_\_\_ Years \_\_\_\_\_

As a camp employee or volunteer: Camp Name \_\_\_\_\_ Years \_\_\_\_\_

### Hobbies, Interest, and Recreation:

List any sports, hobbies, or activities you enjoy, or any hobbies/ previous experience that may also contribute to your time on an OLD School course.

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### Health:

An OLD School course is a physically demanding experience. Please use this space to tell us about your current physical activity (or future plans for activity) that will help you to prepare for your OLD School course.

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To the best of your knowledge, are there any health reasons that would limit your ability to participate in an OLD School course? \_\_\_ Yes \_\_\_ No

If Yes, explain: \_\_\_\_\_

General Health: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Physical Stamina: \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Allergies \_\_\_\_\_ Do you have an epi-pen? \_\_\_ yes \_\_\_ no

Are you a vegetarian, vegan, or will you eat mostly anything?

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## Spiritual Autobiography: (answer on a separate sheet of paper)

\* The following portion of this profile is to encourage you to dig a bit deeper to understand why you believe what you believe. This also helps our staff to prepare for your course. If you don't know what you believe about these things, don't get intimidated! Start thinking about it and write it down. We are interested in getting to know you! If you have questions, please write them down. These answers will only be seen by the staff leading your course, so please be as honest as you can!

1. Describe in detail how you became a Christian.
2. At this time in your life what do you feel God is preparing you to do?
3. Why do you want to participate in an OLD School course?
4. What do you expect to learn from this OLD School course?
5. What do you feel would be the most difficult challenge of your course?
6. How do you study the Word of God? Do you study daily? What are you learning right now and how is it being applied in your life?
7. What is the biggest question you have regarding your faith and Christianity? (example: How can God allow evil? How do I deal with my parents divorce?)
8. Explain **in detail (not just define)** using scripture the following doctrinal topics:

- Salvation

- Justification

- Sanctification

Signed this day \_\_\_\_\_ of \_\_\_\_\_, in the year of \_\_\_\_\_,

In \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
(Signature of Applicant)

OLD School (Outdoor Leadership and Discipleship School) is a ministry of:  
Snowbird Wilderness Outfitters PO Box 2270 Andrews, NC. 28901 828-321-2210

***Snowbird***  
WILDERNESS OUTFITTERS