

# NATURE NAVIGATORS CAMP

## **REGISTRATION FORM FOR CAMPERS**

Registration Due July 1<sup>st</sup>- Cost \$30

You MUST register on Eventbrite before completing this form.

Camp is July 19, 2024 from 9 a.m. to 4:30 p.m.

Camper's Name				
Camper's School				
Age on July 1, 2024	Circle Grade Entering in Fall 2024: 5th or 6th			
Date of Birth	Child's Gender:			
Parent/Guardian	(1)	(2)		
Relationship				
Phone 1				
Phone 2				
Mailing Address				
Parent's Email (for confirmation letter, updates & reminders):				

Circle Shirt Size: youth small youth medium youth large adult small adult medium adult large

**<u>RELEASE AUTHORIZATION</u>**: Please list the person/people who are authorized to pick your child up from camp. We will ONLY release your child each day to a person who is listed below.

**PHOTO PERMISSION:** I give Pickaway SWCD and Pickaway County Park District permission to photograph my child during Nature Navigators Camp and publish in print or electronic format. I release all claims against Pickaway SWCD and Pickaway County Park District with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Forms available at <u>www.pickawaycountyparks.org /youthcamps</u> or by request at the Park District Office at 16405 US 23, South Bloomfield, Ohio 43130, by email at <u>mellis@pickawaycountyohio.gov</u>, or by phone at 740-420-5451. Please note your registration is not complete until you have made your payment on Eventbrite. There is limited space available, please complete registration on Eventbrite before filling out this form. DEADLINE FOR REGISTRATION – Wednesday, July 1, 2024

## **EMERGENCY MEDICAL FOR CAMPER**

2024 Nature Navigators Camp

Purpose: To enable parents/guardians to authorize provision for emergency treatment for children who become ill or injured while attending nature Navigators Camp July 19, 2024. Parents/Guardians will be notified if serious illness or injury occurs. Minor illness or injuries will be reported to the Parent/Guardian upon pick-up of the child.

#### CAMPER NAME:

Please provide information that we should be aware of pertaining to your child.

Check	Child's medical history	Describe the condition and how we should handle it.
	Medication Allergies	
	Food Allergies	
	Other Allergies (insect stings)	
	Medical Conditions	
	Physical Impairments	
	Medications Being Taken	
If you r	equire an allergic reaction medical	device, please bring it with you.

#### **GRANT CONSENT**

If there is an emergency, contact Parents/Guardians. If Parents/Guardians cannot be reached, contact the next person listed on the Emergency Contact List (below). Those listed on the Emergency Contact List are authorized to act on my/our behalf.

List, in order, names of people who should be contacted, including Parents/Guardians, in case of an emergency. 

	EMERGENCY CONTACT LIST						
	Name	Relationship	Phone 1	Phone 2			
1							
2							
3							
4							

In the event reasonable attempts to contact me or someone on the Emergency Contact List has been unsuccessful, I hereby give my consent for:

1.) The administration of any treatment deemed necessary by:

Doctor	Name:	Phone:
Dentist	Name:	Phone:
or in the event they are not available, treatment by another licensed physician or dentist		

#### AND

2.) The transfer of my child to \_\_\_\_\_\_ or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

#### Parent/Guardian Signature \_\_\_\_\_\_ Date \_\_\_\_\_

#### **REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action to be taken, or to:

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

### CAMP RULES & DISCIPLINARY POLICY

#### 2024 Nature Navigators Camp

Pickaway SWCD and Pickaway County Park District are dedicated to providing an outstanding day camp for the youth of Pickaway County. To achieve this goal campers are expected to behave appropriately. The staff will use a positive approach to discipline and will seek parental/guardian support to resolve behavior issues and to encourage positive behavior. Participants who remain disruptive after consultation with parents/guardians may be dismissed from the program. Please review the Camp Rules & Disciplinary Policy with your child so that he/she fully understands the expectations.

#### **Camp Rules**

- When camper arrives, they will check-in at the registration table with parent/guardian before joining their group. A camper will leave the camp area only in the company of someone authorized to pick him/her up. "Authorized" pick-up person will check-out camper at the registration table. List "Authorized" names on Registration Form.
- Campers will remain in their group (assigned at check in) at all times.
- Wear shoes and clothing suitable for hiking and other outdoor activities.
- Wear name tag at all times while at camp.
- Show respect to other campers, staff, group leaders & session leaders, & cooperate fully with instructions.
- Communicate in appropriate manner. Do not use foul language or gestures, harsh words or tone of voice.
- Horseplay, unwelcome teasing, or deliberately causing bodily harm are not acceptable and will not be tolerated.
- Use program equipment, supplies, and facilities properly.
- Campers will be fully responsible for their actions and understand that irresponsible behavior will result in disciplinary action.
- Abide by regulations made known by the hosting location and the hosting agencies: Pickaway Soil & Water Conservation District and Pickaway County Park District.

#### **Disciplinary Policy**

For the benefit of all campers, it is important that children behave appropriately. If it becomes necessary to take disciplinary action against a camper, the steps followed are outlined below.

- <u>1</u><sup>st</sup> <u>incident</u>: The camper will receive a verbal warning and an explanation as to why their behavior is inappropriate. (Whenever possible, this will be done in a setting removed from other campers and in the presence of two Camp Staff members.)
- <u>2</u><sup>nd</sup> <u>incident</u>: Staff will determine an appropriate consequence for the camper's actions (examples may include a time out or exclusion from participating in an activity). The camper's parents will be notified of their behavior when they arrive to pick up the child.

 $\underline{\mathbf{3}}^{rd}$  <u>incident</u>: The child will be excused from camp without a registration fee refund.

Camper Name

Parent Signature

## **Liability Waiver** 2024 Nature Navigators Camp

I hereby, for myself and/or my child, understand the risks involved and hereby consent for myself and/or my child to participate in activities and/or use the facilities for Nature Navigators Camp 2024, hosted by Pickaway SWCD and Pickaway County Park District at Pickaway Co. Park District Headquarters. I hereby release, indemnify, and hold harmless the Pickaway SWCD and Pickaway County Park District, and any volunteer groups presenting at camp, as well as their Commissioners, Agents, Employees and Assignees from any and all liability claims, actions, demands and judgments arising out of injury, illness, or loss sustained by me or my child while participating in activities or using facilities for Nature Navigators Camps 2024. I understand that the Pickaway SWCD and Pickaway County Park District will not be liable for any injury or illness sustained by myself or my child.

I, \_\_\_\_\_\_, understand the health and safety protocols required for me/my child to participate in Nature Navigators Camp 2024.

Signature\_\_\_\_\_ Date\_\_\_\_\_

