



Explorer Day Camp at the Preserve

Host:	City of Foley Environmental Department
Location:	Graham Creek Nature Preserve @ 23030 Wolf Bay
Dates:	June 12th -16th and June 26th – 30th from 8:00 am to 12:00 pm
Ages:	4-9 years old
Camp Capacity:	30 per camp
Cost:	\$50 per camper (T-shirt included)

The Foley Environmental Division proudly presents the Explorer Day Camp at the Preserve. This program will promote environmental education and stewardship by including topics such as water quality, forestry, wetland ecology, mapping, culture and heritage. The camp will also include passive recreation such as hiking and disc golf. The camp was developed using the Alabama Science Course of Study for Elementary School Biology. The camp is designed for 4 to 9 year olds and is limited to 30 campers for each session. The camp will be held June 12th – 16th and June 26th-30th 2017. Each camp day will begin at 8:00 am and end at 12:00pm.

Clothing for Camp:

1. Shoes should be appropriate for athletic and muddy activities (NO OPEN TOE SHOES)
2. Hats/caps are allowed
3. Clothing should be free of the following:
 1. Liquor, cigarette or drug messages
 2. Language or images which are offensive to any group of people.
 3. Death or satanic images
4. No excessively saggy or baggy clothing or attire that may suggest gang affiliation.
5. Jewelry is discouraged.
6. Clothing should be comfortable and appropriate for the weather and physical activities.
7. No electronic devices or phones will be allowed during camp activities (they may be stored in bags).
8. Sunscreen and bug spray. There will be some available during camp activities.
9. Camp T-shirt will be provided on the first day of camp.



What to bring to camp:

1. Lunch bag each day
2. Bag for personal belongings
3. Sunscreen and bug spray
4. Medication if required
5. Several drinks per day (bottled water or sports drinks preferred)

Attention Parents:

ALL CAMPERS MUST BE SIGNED IN AND OUT EACH DAY!

More detailed camp rules will be given to participants during the introduction period of the first day. The camp coordinators will contact the parents and remove participants that demonstrate a lack of cooperation or uncontrollable or disruptive behavior. Camp counselors will be: Leslie Gahagan, David Eckman, Angie Southern and Jackie McGonigal. If you have any questions, please contact the Environmental Department at 251-923-4267 or email jmcgonigal@cityoffoley.org



Child's name: _____ Phone# _____

Address: _____ Zip: _____

D.O.B. _____ Age: _____ Gender: _____

Name of school: _____ Grade: _____

Parent (guardian 1) Name: _____

Address: _____ Zip: _____

Phone: _____ Work: _____

Email: _____

Parent (guardian 2) Name: _____

Address: _____ Zip: _____

Phone: _____ Work: _____

Email: _____

Circle child's desired shirt size: Youth- S M L Adult- S M L

Circle dates of camp attending June 12th -16 June 26th -30th

Parent/guardian Signature

Date

Image/Video Release

By allowing your child to participate in the Explorer Day Camp at the Preserve you are giving the Foley Environmental Division exclusive rights to all images and/or video captured of your child while participating in Camp activities. The Foley environmental division has the right to print, publish, and/or share images /video of your child.

Parent/guardian signature

Date

Waiver of Liability Form

In considering my child's participation in this activity _____ (print name) herby release and discharge the City of Foley, Graham Creek Nature Preserve, Foley Environmental Division or any selected volunteer/presenter at the camp from any and all liability arising from accident, injury and illness that he/she may suffer as a result of participation in this program. I understand that I do not have to sign this waiver, but by not doing so my child will not be able to participate in the program.

Child's name _____ Parent/Guardian signature _____

Parent/guardian name printed _____ Date _____



Medical Information/ Authorization Form

Child's name: _____ DOB: _____

Address: _____ Phone: _____

Emergency Contacts other than Parent/Guardian:

1. Name: _____ Phone: _____ Relation to child: _____

2. Name: _____ Phone: _____ Relation to child: _____

Medical Information

Doctor's name: _____ Phone: _____

Clinic or Hospital Preference: _____

Please check all that apply

Physical conditions

Ear infection _____
Rheumatic Fever _____
Convulsions _____
Diabetes _____
Heart problems _____
Asthma _____

Allergies

Hay fever _____
Poison Ivy, etc. _____
Insect stings _____
Medications _____

Any other health problems not listed that prevents physical activity? If so please explain.

Any medications currently being taken? Yes or No If so please specify:

Health Insurance

Company name: _____ Policy# _____ Group # _____

Authorizations

Please initial the lines that apply and sign below.

1. The health history on this form is correct so far as I know; the child described herein has permission to engage in all program activities, except as noted by me and/or recommended by physician. _____
2. If I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above. _____

My signature constitutes authorization for items initialed above



Parent/guardian signature: _____ Date: _____