



# EXPLORER Day Camp at the Preserve

<b>Host:</b>	<b>City of Foley Environmental Department</b>
<b>Location:</b>	<b>Graham Creek Nature Preserve @ 23030 Wolf Bay Dr</b>
<b>Dates:</b>	<b>July 9<sup>th</sup>-13<sup>th</sup> or July 23<sup>rd</sup>-27<sup>th</sup>, 2018 from 8:00AM to 12:00 PM</b>
<b>Ages:</b>	<b>Kindergarten-3<sup>rd</sup> grade</b>
<b>Camp Capacity:</b>	<b>15 registrants per camp</b>
<b>Cost:</b>	<b>\$75 per camper (T-shirt included)</b>

*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 children going into Kindergarten through third grade and is limited to 15 campers for each session. The camp will be held July 9<sup>th</sup>-13<sup>th</sup> and July 23<sup>rd</sup>-27<sup>th</sup>, 2018. Each camp day will begin at 8:00AM and end at 12:00PM.*

## **Clothing for Camp:**

1. Shoes should be appropriate for athletic and muddy activities (no open toes shoes).
2. Hats/caps are allowed.
3. Clothing should be free of the following:
  - A. liquor, cigarette or drug messages
  - B. language or images which are offensive to any group of people
  - C. 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. No weapons (including pocket knives).



**What to bring to Camp:**

1. Lunch 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, 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](mailto:jmcgonigal@cityoffoley.org), [envoffice@cityoffoley.org](mailto:envoffice@cityoffoley.org).

Child's Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Address: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent (or Guardian #1) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone # \_\_\_\_\_ Work phone# \_\_\_\_\_ Other# \_\_\_\_\_

Parent (or Guardian #2) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone# \_\_\_\_\_ Work phone# \_\_\_\_\_ Other# \_\_\_\_\_

Email address: \_\_\_\_\_

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

Circle dates of Camp attending: July 9<sup>th</sup>-13th July 23rd-27th

\_\_\_\_\_  
Parent/Guardian Signature Date: \_\_\_\_\_



## MEDICAL INFORMATION/AUTHORIZATION FORM

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contacts other than Parent's/Guardian's:

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to child: \_\_\_\_\_

### MEDICAL INFORMATION

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic or Hospital Preference: \_\_\_\_\_

#### IMMUNIZATIONS

DPT Series \_\_\_\_\_ booster \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio OPY (Sabin) \_\_\_\_\_ booster \_\_\_\_\_

#### PHYSICAL CONDITIONS

Ear Infections \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_

Convulsions \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart Problems \_\_\_\_\_

#### ALLERGIES

Hay Fever \_\_\_\_\_

Poison Ivy, etc. \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Sulfa Drugs \_\_\_\_\_

#### DISEASES

Chicken Pox \_\_\_\_\_

Measles \_\_\_\_\_

German measles \_\_\_\_\_

Mumps \_\_\_\_\_

Asthma \_\_\_\_\_

Other health problems not listed that prevents physical activity!): \_\_\_\_\_

Any medications currently being prescribed/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 BELOW CONSTITUTES AUTHORIZATION FOR ITEMS INITIALED ABOVE.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**IMAGE/VIDEO RELEASE**

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

*Parent/Guardian Signature:*

\_\_\_\_\_ *Date:* \_\_\_\_\_

**WAIVER OF LIABILITY FORM**

*In consideration of my child's participation in this activity, \_\_\_\_\_  
(Parent/Guardian name printed)*

*hereby release and discharge the City of Foley, Graham Creek Nature Preserve, Foley Environmental Division or any selected volunteer or 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 printed)*

\_\_\_\_\_  
*(Parent/Guardian signature)*

\_\_\_\_\_  
*(Parent/Guardian name printed)*

\_\_\_\_\_  
*(Date)*

Mail or drop off these forms (M-F 10am-4pm or Sat 10am-2pm) with payment (Cash/Check payments accepted. Please make out Checks to "The City of Foley") to the City of Foley Environmental Department located at:

Graham Creek Nature Preserve  
23030 Wolf Bay Drive, Foley, AL 36542