



PIONEER DAY CAMP AT THE PRESERVE

Host	City of Foley Environmental Department
Locations	Graham Creek Nature Preserve @ 23030 Wolf Bay Drive
Dates	June 25 th – 29 th From 8 am to 1 pm
Ages	4 th grade – 8 th grade
Camp Capacity	15 registrants
Cost	\$ 100 per camper (includes camp t- shirt and disc golf set)

The Foley Environmental Department proudly presents the Pioneer Day Camp at the Preserve. This program will promote environmental education and stewardship by including topics such as, water quality, forestry, wetland ecology, cartography, culture and heritage. The camp will also include passive recreation such as, hiking, canoeing/kayaking and disc golf. The camp was developed using the Alabama Science Course of Study for Middle School and High School Biology. The camp was developed for children going into 4th grade thru 8th grade. The camp is limited to 15 registrants. Camp will be held June 25th – 29th from 8 am to 1 pm.

Clothing for Camp:

1. Shoes should be appropriate for athletic and muddy activities (no open toe shoes).
2. Hats/caps are allowed and encouraged.
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 might 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 the 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 box everyday
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 the first day. The camp coordinators will contact the parents and remove participants that demonstrate a lack of cooperation, uncontrollable, disruptive or bullying 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 or envoffice@cityoffoley.org.

Child's Name: _____ Phone: _____

Address: _____

DOB: _____ Age: _____ Gender: _____

Name of School: _____ Grade: _____

Parent or Guardian 1: _____

Address: _____

Phone: _____ Work phone: _____

Email Address: _____

Parent or Guardian 2: _____

Address: _____

Phone: _____ Work phone: _____

Email Address: _____

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

Parent/ Guardian Signature: _____ Date: _____

MEDICAL INFORMATION/AUTHORIZATION FORM

Child's name: _____ DOB: _____

Address: _____ Phone: _____

Emergency Contact other than parent/guardian

Name: _____ Phone: _____

Relation to child: _____

Name: _____ Phone: _____

Relation to child: _____



PIONEER DAY CAMP AT THE PRESERVE

Medical Information

Doctor's name: _____ Phone: _____

Clinic or Hospital Preference: _____

Immunizations

DPT series _____ booster _____ Tetanus _____ Polio OPV (Sabin) _____ booster _____

Physical conditions	Allergies	Diseases
Ear infections	Hay fever	Chicken pox
Rheumatic Fever	Poison ivy etc.	Measles
Convulsions	Insect stings	German Measles
Diabetes	Penicillin	Mumps
Heart problems	Sulfa D1 drugs	Asthma

Other health problems not listed that prevents physical activity: _____

Any medications currently prescribed/being taken:

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 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: _____