



Pioneer Day Camp at the Preserve

Host: City of Foley Environmental Department
Location: Graham Creek Nature Preserve @ 23030 Wolf Bay Dr
Dates: June 25th-29th, 2018 from 8:00AM to 1:00PM
Ages: 4th grade-8th grade
Camp Capacity: 15 registrants per camp
Cost: \$100 per camper (T-shirt included)

The Foley Environmental Division 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, 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 Middle School and High School Biology. The camp is designed for children going into fourth through eighth grades and is limited to 15 campers for each session. The camp will be held June 25th-29th, 2018. Each camp day will begin at 8:00AM and end at 1:00PM.

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 (includes 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, 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: _____ Zip: _____ DOB: _____ Age _____ Gender: _____

Name of School: _____ Grade: _____

Parent (or Guardian #1) Name: _____

Address: _____ City: _____ Zip: _____

Home phone # _____ Workphone# _____ Other# _____

Parent (or Guardian #2) Name: _____

Address: _____ City: _____ Zip: _____

Homephone# _____ Work phone# _____ Other# _____

Email address: _____

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

Date: _____

Parent/Guardian Signature _____



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

Doctm-'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 activit!):

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 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