



# Pioneer 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>June 10 – June 14 from 8:00 am to 12:30 pm</b>
<b>Ages:</b>	<b>9-14 years old</b>
<b>Camp Capacity:</b>	<b>20 per camp</b>
<b>Cost:</b>	<b>\$100 per camper (T-shirt included)</b>

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, mapping, culture and heritage. The camp will also include passive recreation such as hiking, archery, and canoeing and disc golf. The camp was developed using the Alabama Science Course of Study for Biology. The camp is designed for 9-14 year olds and is limited to 20 campers for each session. The camp will be held June 10 – June 14 2019. The camp day will begin at 8:00 am and end at 12:30 pm.

## **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:
  - 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 bug spray 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 with snacks and lunch
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 Eckman, and Brodie Townsend. If you have any questions, please contact the Environmental Department at 251-923-4267 or email [envoffice@cityoffoley.org](mailto:envoffice@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 XL

\_\_\_\_\_  
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 Department exclusive rights to all images and/or video captured of your child while participating in Camp activities. The Foley Environmental Department 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 Department 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

Food \_\_\_\_\_ List: \_\_\_\_\_  
Poison Ivy, etc. \_\_\_\_\_  
Insect stings \_\_\_\_\_  
Medications \_\_\_\_\_ List: \_\_\_\_\_  
Hay Fever \_\_\_\_\_

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: \_\_\_\_\_