

# REGISTRATION AND EMERGENCY INFORMATION



## CAMPER INFORMATION (please print all information)

Camper's Name \_\_\_\_\_ Age (as of 6/1/18) \_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Gender \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home phone \_\_\_\_\_ School \_\_\_\_\_  
Tshirt Size \_\_\_\_\_

## FAMILY INFORMATION

Mother/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_  
Employers Address: \_\_\_\_\_  
Father/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address (if different) \_\_\_\_\_ Cell # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employers Address: \_\_\_\_\_  
**Child lives with:** \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

## CAMPER RELEASE INFORMATION

### PERSONS AUTHORIZED TO PICK UP (please include parents/guardians names)

Parents/ Guardians Names \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

### PERSONS NOT AUTHORIZED TO PICK UP

Name \_\_\_\_\_ Name \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

As the parent/guardian of the camper, I authorize (Child's Name) \_\_\_\_\_ to attend and participate in all prescribed nature camp activities. I give permission to the Camp Director and any other designated camp staff to administer first aid, and, in the event of an emergency, to secure a physician for any medical treatment needed for my child. I understand that a conscientious effort will be made to locate me or my spouse before any action is taken. If we cannot be reached and major medical or surgical treatment is necessary, the physician in charge has my permission to determine method of treatment. I understand and accept that this expense will be my responsibility. I also understand that it is my responsibility to carry primary accident insurance. I give my permission for photocopied registration forms and my child's participation in supervised hikes or trips away from the camp site, and that any photos or videos taken can be used by Southern Conservation Trust for promotional purposes only. \*\* You are responsible for keeping the camp informed of any changes in phone number, work locations, emergency contacts, etc.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

### Health Information

All information will be kept confidential.

Does camper have any known physical problems, mental health disorders, mental retardation, or developmental/emotional disabilities which may limit participation in any activities at Day Camp? \_\_\_ Yes \_\_\_ No \*If yes, please explain: \_\_\_\_\_

Does camper have any chronic or recurring illness or conditions? \_\_\_  Yes \_\_\_  No If yes, give details: \_\_\_\_\_

Describe any special procedures to be followed in caring for your child. \_\_\_\_\_

Has camper been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? \_\_\_  Yes \_\_\_  No If yes, give details: \_\_\_\_\_

List any activities to be encouraged or limited: \_\_\_\_\_

Any Known Allergies? Food \_\_\_\_\_ Insects \_\_\_\_\_

Medicine \_\_\_\_\_ Other (list all) \_\_\_\_\_

List current medications: \_\_\_\_\_

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

Hospital Preference if other than Fayette Piedmont \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

### EMERGENCY CONTACTS

Person to be contacted if parents or guardian cannot be reached:

Name \_\_\_\_\_ Emergency 1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Name \_\_\_\_\_ Emergency 1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Name \_\_\_\_\_ Emergency 1st Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

### IMMUNIZATION HISTORY

(All forms expired annually)

Please provide a copy of your child's immunization history, form #3231. Each child must have this on file to participate.

Southern Conservation Trust • 201 McIntosh Trail • Peachtree City, GA • 30269





## Camp WILD

### Parent Acknowledgment

Parents;

We look forward to having your child participate in camp. Please read parent acknowledgement and return with camp registration. Additional details are included regarding drop off and pick up, emergency contact information, etc.

1. Camp WILD operates Monday - Friday, from 9:00 a.m. until 1:00 p.m.  
Drop off begins at 8:30 am and pickup ends at 1:30 pm.
2. Camp will provide activities for ages six through twelve years of age.
3. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contact, child's physician, child's health status, and immunization records, etc.
4. The updated Immunization Certificate on file for each child is required by state law. I hereby acknowledge that I have provided the camp with a current Immunization Certificate upon enrollment and updated thereafter.
5. Parents are required to escort their child(ren) into camp each day for the program and when picking them up. All children must be signed in by staff and signed out by parents daily. This is to assure that you see proper supervision being provided, as well as assuring that only authorized individuals are picking up your child. Your child will be released to an individual 18 years of age and older.
6. All belongings must be labeled with your child's name.
7. A nutritious snack is provided mid-morning. If your child has an allergy be sure to complete the allergy portion of the health form.
8. The facility agrees to keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases. In the event of an accident and/or injury the program will contact me and seek to obtain emergency medical treatment as per agreement. Emergency contacts will be called in the event that the center is unable to contact parents and/or legal guardians.
9. The program agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water- related activities occurring in water that is more than two (2) feet deep.

10. Discipline and guidance during the Camp Program is important. Camper expectations and "Camp Rules" will be emphasized. We have a policy in place where the staff use behavior modification techniques to improve the behavior. Physical punishment is never permitted. If it is determined that the behavior is not improving, we will request a parent meeting with the child, staff and director to discuss other possible solutions. At times it may be necessary to terminate a child's enrollment if it is determined that the program cannot meet the needs of the child or the child is endangering themselves or the other program participants.
11. Should a child not be picked up by 1:30 the parents and designated emergency contacts will be called. Staff will continue to call all the contacts. If you have a family emergency please contact the Camp Coordinator to arrange for pick-up of your child. If a child is not pick-up by 2:00 (unless camp is notified) the Department of Child and Family Service will be contacted.
12. Children will not be accepted at the program if they are ill, this includes, but is not limited to temperatures of 101 degrees or higher oral temperature and any contagious symptoms; rashes, sore throat, vomiting, etc. Should the child become ill during the day, the parent or designated emergency contact person(s) will be notified to pick the child up. This policy will be strictly enforced for the safety of all the children.
13. It will be posted when a communicable disease has been introduced into the program area. Children with a communicable disease cannot attend camp and must be free of the illness before re-entering.
14. We have an agreement with the Piedmont Fayette Hospital that in case of emergency, and we are unable to reach you, your child will be able to receive emergency medical treatment .
15. Parents are always welcomed and encouraged to visit your child at the Camp. However, it is required that you make your presence known at the check in/out area.
16. It is the Trust's mission to serve all kids in desiring to participate in camp. We will make every effort possible to serve all families requesting services. All kids enrolling in our program must be able to function within staff/counselor ratios of 1:10.
17. The Camp Coordinator should be contacted and informed of your child's absence and pick-up by someone other than the designated persons. Changes in legal custodian should be documented in the file.

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Parent Signature

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Date



## Camp Guidelines

Below are guidelines designed to help your child have a good experience at camp.

### What to wear to Camp:

- ✓ Weather appropriate, Old play clothes – your child may get dirty
- ✓ Tennis shoes – no flip flops, open toe shoes, KEENS, or CROCS
- ✓ Hat or visor – if child likes to wear one

### Items to bring to Camp:

- ✓ Re-usable Water bottle full of WATER – with name on it (water will be available to refill bottles)
- ✓ Poncho if rainy day – with name on it
- ✓ Backpack if needed – with name on it

### Lost and Found:

- ✓ Please check each day if camper may have items in lost and found.

### Items NOT to bring to Camp:

- ✓ Electronic toys / devices – if child sneaks a device to camp it will be held by staff and given to parents at the end of the day.
- ✓ Southern Conservation Trust is not responsible for any devices damaged or lost if brought to camp.
- ✓ Trading cards, gum, money, toys, music devices
- ✓ Weapons

### Social Networking Policy:

In general, our camp views social networking positively and respect the rights of campers to use them away from camp. We realize campers may choose to express him/her self, regarding camp experiences, and in such conditions readers may interpret posts as representative of a camp representative or spokesperson. As a condition of camp participation, campers shall observe the following guidelines:

- ✓ Posts must be respectful in reference to camp, staff, and fellow campers including not using obscenities, profanity, or vulgar language.
- ✓ Campers must not use posts to disparage the camp, campers, or staff.
- ✓ Campers must not use posts to harass, bully, or intimidate campers or staff.
- ✓ Campers must not use posts to discuss inappropriate camp conduct.
- ✓ Campers must not post pictures or videos of campers or staff without written permission.

### Medications:

- ✓ By law camp is not allowed to dispense regular medication to any child.
- ✓ If your camper has been prescribed an epi-pen it must be on their person at all times. Child must be able to self-administer.

### **Getting Sick at Camp:**

- ✓ If your child becomes ill at camp you will be notified to pick your child up.

### **To do before coming to camp each day:**

- ✓ Sunscreen – parents please apply to child before coming to camp.
- ✓ Insect protection - parents please apply to child before coming to camp.

### **Camper Drop-Off:**

- ✓ Please DO NOT leave vehicle running in the parking lot.
- ✓ Please DO NOT leave un-attend siblings in your vehicle.
- ✓ Parent/authorized person must walk camper to sign-in and sign camper in with staff.

### **Camper Pick-Up:**

- ✓ Parent/authorized pick-up person must walk up and sign camper out.
- ✓ Please DO NOT leave vehicle running in the parking lot.
- ✓ Please DO NOT leave un-attend siblings in your vehicle.
- ✓ Photo-ID is required for camper pick-up.
- ✓ Please check that camper has all items they arrived with otherwise please check Lost and Found.
- ✓ Please do ask your camper and/or staff how your child's day went.

### **Suggestions:**

Suggestions and comments are always welcome and may be addressed with the Camp Coordinator. Things happen and if you have an issue or challenge please be open with the camp coordinator and have a conversation to resolve it.

### **Emergency contact:**

- ✓ Please call Nick Kilburg at 770-855-4772 or Liz Hall-Dukin at 561-632-3228.

## **Camper Expectations**

- ✓ Carry water bottle with you
- ✓ Drink water
- ✓ Stay on trails
- ✓ Enjoy trees, do not climb on them or pickup sticks
- ✓ Inside voices with around animals and guests
- ✓ Respect others, materials and self
- ✓ Observe living things; do not touch, chase or pick up unless allowed to
- ✓ No violence
- ✓ No bullying, name calling or teasing
- ✓ Keep hands and feet to yourself
- ✓ No Running

## Authorization to Use Photographs and/or Audio-Visual

I, \_\_\_\_\_, hereby authorize and consent to the use of my visual image by the Southern Conservation Trust for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites.

I give this consent with no claim for payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **For a child under 18 years of age, complete the form below.**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by the Southern Conservation Trust for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, and websites.

I give this consent with no claim for payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Camp WILD  
Notice of Exemption**

I, \_\_\_\_\_ acknowledge that I have been informed that this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

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Parent Signature

Date



# Risk Statement

Bright from the Start: GA Department of Early Care & Learning Rules and Regulations: 591-1-1-.46(b)10(vi) requires that programs shall inform Parents about the physical risks a child may face while participating in the program: Programs operated after the customary school day, as defined in Georgia law, for children five (5) years and older that are strictly instructional and skill-based in a single talent, ability, expertise, proficiency or subject or in closely related skills, proficiencies or subjects, including but not limited to classes such as art, cheerleading, dance, drama, gymnastics, martial arts and music.

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By signing this form I am indicating that I knowingly accept and assume the risk of injury that might occur from participation in this program. I acknowledge and understand that there is a risk of injury involved in participation and that the program, nor its trained professionals, can eliminate the risk of injury.

**By printing and signing your name, you are stating that you have read and fully understand this information.**

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Child's name

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Printed name of parent or guardian

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Signature of parent or guardian



## **Camp WILD WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in \_\_\_\_\_ (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge the Southern Conservation Trust Inc., located at 201 McIntosh Trail, Peachtree City, Georgia 30269, their affiliates, managers, members, agents, attorneys, staff, volunteers, board, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I am voluntarily participating in the aforementioned activity and I am participating in the activity entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel, or the condition of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during this activity.

I agree to indemnify and hold harmless the Southern Conservation Trust, Inc. against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If the Southern Conservation Trust, Inc. incurs any of these types of expenses, I agree to reimburse the Southern Conservation Trust, Inc..

I acknowledge that I have carefully read this "Waiver and Release" and fully understand that it is a release of liability. I expressly agree to release and discharge the Southern Conservation Trust, Inc. and all of its agents, attorneys, staff, board, volunteers, affiliates, managers, members, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against the Southern Conservation Trust, Inc. for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the Southern Conservation Trust, Inc., its agents, board, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both \_\_\_\_\_ and the Southern Conservation Trust, Inc. agree that this agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause served does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed, and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact:	Contact Relationship:	Contact Phone Number:

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_ named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

\_\_\_\_\_  
(Signature)

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