



Registration Form Nature Adventure Camp 2016 At Lewis and Clark National Historical Park, Astoria, OR



Monday July 11th – Friday July 15th, 2016

Mon-Wed 9:00am – 5:00pm; THURSDAY OVERNIGHT – drop off Thurs. 9:00am and pick up Fri 11:00am

Campers must be entering 4th-6th grade in the 2016-2017 School Year

Camper's Name: _____ Entering Grade: _____ Gender: _____ Date of Birth: _____

Parent/Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Cost: Nature Camp is **\$140.00**

Make checks payable to: Lewis & Clark National Park Association

Credit Card information:

Type _____ Credit Card #: _____ Exp. Date: _____ Security Code: _____

Forms with payment may be mailed or faxed to:

Attn: Nature Camp
Lewis & Clark National Park Association
92343 Fort Clatsop Road
Astoria, OR 97103
FAX: (503) 861-4428

- Please send me a **Scholarship Application**.
- My child may NOT be photographed for publicity.
- This camp includes an overnight – this is my child's first overnight experience from home!

My child's T-Shirt Size _____

-
- Your registration will be confirmed once we have received your completed forms and payment. Space is limited to 30 campers.
 - **Scholarships:** A limited number of partial scholarships are available. Please contact (503) 861-4422 for an application
 - **Cancellation policy:** In order to receive a full refund, you must cancel your registration by July 8, 2016, prior to the beginning of camp.
 - For more information, please contact (503) 861-4422.
-



Medical and Health Information Form 2016



Camper's Name: _____
 Insurance Company Policy Number: _____
 Policy Number: _____
 Physician's Name: _____
 Physician's Number: _____

Date of Last Tetanus Inoculation: _____

EMERGENCY CONTACTS

Please provide three contacts that we may try to reach in case of an emergency. Please list the contacts in the order in which you would like us to place the calls (example: #1 you, #2 your spouse, #3 close friend/family member)

#1 Name: _____
 Phone numbers: _____
 Relation: _____

#2 Name: _____
 Phone numbers: _____
 Relation: _____

#3 Name: _____
 Phone numbers: _____
 Relation: _____

Please circle if participant is subject to the following:

- | | | | |
|-----------------|-------------------|----------------------|--------------|
| ADD/ADHD | Blindness | Diabetes | OTHER |
| Asthma | Deafness | Heart Trouble | |
| Autism | Depression | Seizures | |

Please explain:

Campers will be participating in various physical activities, including canoeing and hiking moderate distances. **Please list any physical restrictions or recent medical conditions that could affect physical activity:**

List any **medications**, when they are taken, and for what condition:

ALLERGIES (Circle all that apply)

Nuts **Other Foods** **Plants/Grasses** **Medications** **Bees/Wasps** **Other**

How severe and what is the reaction to any allergies:

If your child has severe allergies, do they carry an epi-pen? (please circle) **Yes** **No**

Describe any dietary restrictions (vegetarian, Kosher, etc.):

Describe any emotional or behavioral problems:

Does your child currently have a communicable disease? If yes, please explain.

Is there anything else we should know about your child or ward's medical history?

Is this your child's first overnight experience away from home? **Yes** **No**

 If yes, any special concerns?

Is this your child's first camping experience? **Yes** **No**

 If yes, any special concerns?

PLEASE SIGN BELOW

In case of emergency, I hereby request and authorize any physician, hospital, and health care provider to provide medical treatment promptly to my child or ward, whether or not I may be contacted and informed. I also authorize the use of emergency transportation for my child or ward in the event of a medical emergency. In the event that my child or ward requires medical care, I understand that I, the parent/guardian, am responsible for any and all bills associated with my child or ward's treatment including any emergency transportation costs.

I also give permission to Lewis and Clark National Historical Park camp staff to provide first aid treatment to my child or ward.

Parent/Guardian Signature: _____

Date: _____



Authorization for Administering Medication Release 2016



I am the parent or legal guardian of _____, who is under the age of 18 years and who will be participating in Nature Adventure Camp at Lewis and Clark National Historical Park at Fort Clatsop. _____ is taking medications that need to be administered while attending camp. The medications will be administered by Lewis and Clark National Historical Park staff. All medications must be clearly labeled with the campers name and given directly to camp staff by the camper's parent or legal guardian.

Camper's Name: _____

Medication to be administered: _____

Quantity and time to be administered: _____

If prescribed by a physician please fill out of the following information:

Physician's Name: _____

Physician's Telephone Number: _____

Parent/Guardian Signature: _____

Date: _____



Behavior Contract 2016



Lewis and Clark National Historical Park staff believes that each individual is responsible for his or her own behavior. We also believe that no individual has the right to compromise the positive learning environment for the rest of the group.

Program participants should remember that their behavior reflects on their families, schools, communities, and this program. We require that participants resolve issues and conflicts using non-violent, constructive techniques that strive for mutually agreeable solutions. If a participant engages in inappropriate behavior, staff will use discipline that is constructive and educational in nature. This includes re-direction, problem-solving, and involving the participant in the resolution of the situation.

“Inappropriate behavior” is defined as any action by a program participant that disrupts or decreases the learning situation, environment, or social interaction of the group. The specific procedure for addressing inappropriate behavior is as follows:

Step 1: A staff member will discuss the inappropriate behavior with the participant. This conversation will be documented in writing.

Step 2: If the participant’s behavior does not significantly improve, Lewis and Clark staff may telephone the parent/guardian to discuss the participant’s behavior.

Step 3: If the participant’s behavior does not significantly improve after a phone call to the parent/guardian, Lewis and Clark National Historical Park staff may require the parent/guardian to pick-up the participant and remove him or her from the program.

If a major behavioral issue – including but not limited to the following – occurs, staff may require that the participant be immediately removed from the program and picked-up by the parent/guardian without using the above three-step disciplinary procedure:

1. Intentionally harming other(s)
2. Posing a safety risk to self or others
3. Vandalizing property
4. Possessing a weapon
5. Possessing alcohol, tobacco, or illegal drugs
6. Using overt sexual or offensive behavior or remarks toward participants or staff, including the use of racial, religious, or sexual slurs or intimidation
7. Displaying other extreme behavior

Special note about on-river trips and the overnight camp-out:

Due to the special safety issues involved in the on-river trip and the overnight campout that is a part of this summer camp, participants who have not been removed from the camp, but who have exhibited inappropriate behavior or behavioral issues, may not be allowed to participate in these activities.

General Nature Adventure Camp Rules and Policies:

1. If a rule is not stated, common sense and good judgment, courtesy, respect and safety should apply.
2. We treat people with respect. This precludes the use of obscenities, jokes, or slurs relating to another's race, religion, sex, or physical or mental limitations.
3. We treat all other organisms – both plant and animal - with respect. We use care toward living and non-living resources to help preserve our unique environments.
4. Handling potentially dangerous organisms is prohibited. In addition, participants are not allowed to ingest any plants or plant parts found in nature.
5. A staff member should be contacted immediately if someone is sick or hurt.
6. Weapons – including knives and firecrackers – are not allowed. Use all equipment in a safe manner so that it does not become a weapon.
7. The use of alcohol, tobacco, or illegal drugs is not allowed.
8. Displays of physical affection will not be allowed.
9. All personal and program property should be used only with permission and treated with care.
10. Unsafe activities must be avoided at all times (i.e. running, sliding, or jumping unless in an approved area, rock or stick throwing).

I have read the Behavior Contract and agree to follow all Nature Adventure Camp Rules and Policies.

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Release Agreement



Nature Adventure Camp 2016

I am the parent or legal guardian of _____, who is under the age of 18 years and is participating in the Lewis and Clark National Historical Park Nature Adventure Camp. I understand that my child or ward's participation in this camp can expose my child to dangers both from known and unanticipated risks. I understand that this program includes day hiking trips, an on-river paddle and an overnight camp-out. Some activities involve travel to local parks or other public areas. If that is the case, participants will be traveling in buses contracted for the Lewis and Clark National Historical Park.

In consideration of my child or ward's participation in the program, I hereby release, waive, and discharge Lewis and Clark National Historical Park, and all of their instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or ward or to any person or property arising out of participation in the program, whether on Lewis and Clark National Historical Park premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Lewis and Clark National Historical Park, or any of the individuals listed above.

By participating in the Lewis and Clark National Historical Park's Nature Adventure Camp, I consent and authorize Lewis and Clark National Historical Park to use my child's photograph for educational and public relations purposes related to Lewis and Clark National Historical Park.

Parent/Guardian Signature: _____ Date: _____



Pick-up Form 2016



I am the parent or legal guardian of _____, who is under the age of 18 years and who will be participating in the Nature Adventure Camp at Lewis and Clark National Historical Park at Fort Clatsop. I hereby authorize the following people to pick-up _____ from the Nature Adventure Camp.

Please note that drop off and pick up locations will vary. Details will be provided in the welcome packet that you will receive in June.

Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relation: _____

Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relation: _____

Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relation: _____

Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Relation: _____

Parent/Guardian Signature: _____ Date: _____