



**MOUNTAIN ADVENTURES**  
SUMMER DAY CAMP



**2018 REGISTRATION PACKET**

**\*\*Please mail/return packet with deposit fee to WAMY Community Action, Inc. 225 Birch Street Suite 2 Boone NC 28607\*\***

Mountain Adventures Summer Day Camp believes that students should experience summer programming to emphasize the appreciation for the outdoors and our local environment. Our summer day camp will be geared towards outdoor enrichment, health and wellness, promoting social interactions between peers, academic enrichment, and providing individual development assistance to each student; depending on the specific needs of the student. Mountain Adventures Summer Day Camp is geared towards preschoolers through rising 6th grade. We will accept rising 7th & 8th graders as Jr. Counselors for the program. Our day will have a semi-structured environment. Camp counselors will plan the daily activities for their specific groups beyond field trips, guest speakers, and other planned group activities. Schedules will be posted, sent via email (if applicable), and available for students to bring home each Monday for the week. Please keep in mind that the weather can change our plans. You will be informed of any changes due to weather each week. Camp hours are from 7:30am-6:00pm. We will provide breakfast, lunch, and a snack for the students during the day. If your child has special food allergies or needs, please let the program director know.

**This entire packet must be completed and turned in along with the non-refundable deposit fee in order for your spot to be held. The deposit fee is equal to the one week's fee and the credit will be applied to your account. In other words, you are paying for your camper's first week up front. Campers with incomplete registration packets will not be accepted.**

**Camp Sessions: Please check off each week(s) that you wish your child to attend camp.**

- |   |  |
|---|--|
| <p>_____ Week 1 June 11th-15th</p> <p>_____ Week 2 June 18th-22nd</p> <p>_____ Week 3 June 25th-29th</p> <p>_____ Week 4 July 2nd-6th (NO CAMP ON JULY 4TH)</p> <p>_____ Week 5 July 9th-13th</p> | <p>_____ Week 6 July 16th-20th</p> <p>_____ Week 7 July 23rd-27th</p> <p>_____ Week 8 July 30th-August 3rd</p> <p>_____ Week 9 August 6th-10th</p> <p>_____ Week 10 August 13th-17th</p> |
|---|--|

**Camp Fees - \$75/week per child**

- Payments will be due by the Monday before each week of camp.
- Payments will be accepted by check, cash, or card\* (card only available at WAMY Office)
- Payments made in full before the first day of camp for the sessions checked off above will receive a 10% discount.
- Each additional child from the same home will have discounted rate of \$50/week

**OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*Funds for Mountain Adventures Day Camp are provided to WAMY Community Action, Inc. through a grant from the NC Department of Public Instruction/21 Century Community Learning Center Program.*

## 2018 REGISTRATION FORM

Student Full Name: \_\_\_\_\_ Student's Current Age: \_\_\_\_\_  
Grade Entering in Fall: \_\_\_\_\_ School Attending: \_\_\_\_\_  
Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Shirt Size: \_\_\_\_\_  
Parent/Guardian(s): \_\_\_\_\_

The majority of the time, student lives with (please check):

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother & Stepfather
<input type="checkbox"/> Father & Stepmother	<input type="checkbox"/> Mother Only
<input type="checkbox"/> Father Only	<input type="checkbox"/> Other Relative(s)
<input type="checkbox"/> Foster Care	<input type="checkbox"/> Other

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Camp Refund Policy is as follows:

If you choose to pay in full for the entire summer, you must notify us by June 1st, 2018 if you choose to give up your spot. We will only be able to refund 80% of the funds. 20% will be kept for processing fees.

Weekly Pay/Deposit: Once you have paid for your week, you will not be able to receive a refund for your student. The deposit fee is also non-refundable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please give any information concerning your child which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). An additional page is located on the back if more space is needed.

RELEASE FORM

\*I give blanket permission for my student to be transported in a van or activity bus to programs away from the community school.

Yes  No

\*I give permission for my student to be photographed or videotaped for use in exhibits, displays, facebook, or news releases promoting the Mountain Adventures Day Camp Summer Program.

Yes  No

\*I give the Mountain Adventures Day Camp Summer Program permission to authorize emergency care for my student in the event that neither I nor the family physician can be contacted immediately.

Yes  No

\*On rare occasions, an emergency requiring hospitalization and /or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his or her parents or guardians. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardians, the parent/guardian is asked to sign the release form below. In the event of injury or illness to my student, I hereby authorize the camp staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

Yes  No

\*I understand that in the event my student's behavior becomes a danger or a safety concern to his/her self, other participants or staff, I agree to pick my student up at that location immediately.

Yes  No

\*Some summer camp activities are planned outside of the fenced areas at the playground. I give permission for my student to play outside the fenced area.

Yes  No

\*I give permission for any Mountain Adventures Day Camp staff to administer sunscreen as needed for my student to all exposed body areas to ensure skin protection.

Yes  No

\* I agree to furnish the Mountain Adventures Summer Day Camp Program a copy of any existing custody order or domestic violence protective order if there is one.

Yes  No  N/A

\*I understand that by signing below I am agreeing to all of the above releases.

\* I give permission for the following person(s) to pick up my student and for them to serve as the emergency contact in the case neither parent or guardian can be contacted. If student is to be picked up at the site, the student/ward will be signed out daily by person responsible for pick up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Medical Conditions: (Please check all that apply) This information is confidential, for use by Camp Director and your child's counselors only.**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergy requiring EPI-Pen     | <input type="checkbox"/> Cerebral palsy     | <input type="checkbox"/> ADD/ADHD                                    |
| <input type="checkbox"/> Allergy not requiring EPI-Pen | <input type="checkbox"/> Physical handicaps | <input type="checkbox"/> High/low blood pressure                     |
| <input type="checkbox"/> Asthma                        | <input type="checkbox"/> Down syndrome      | <input type="checkbox"/> Recent or recovering fractures or surgeries |
| <input type="checkbox"/> Headaches                     | <input type="checkbox"/> Seizures           | <input type="checkbox"/> Other                                       |
| <input type="checkbox"/> Diabetes                      | <input type="checkbox"/> Autism             |  |

If you checked any of the boxes above, please give a brief description below:

\*\*\*\*Please note: Mountain Adventures Summer Day Camp/WAMY Community Action, Inc. staff are not permitted to administer medicine to campers. Please contact the Camp Director if your child requires medication during the day.

ALSO: Many parents of children who take medication to control hyperactivity/attention deficit disorders decide to give their children a break from it in the summer. While we recognize this is a decision to be made by parents, we strongly advise against this or children attending camp. Camp requires children to be able to follow instructions and pay attention to their surrounding for their own safety.

In the event that a participant needs minor medical care from Mountain Adventures Day Camp or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical conditions, Mountain Adventures Day Camp will make every effort to notify the parent/guardian, but the first priority may be providing care to the participant.

I, \_\_\_\_\_, of \_\_\_\_\_ County, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, age \_\_\_\_\_, born on \_\_\_\_\_. I authorize any adult(s) acting as agents (including official volunteers) or employees of Mountain Adventures Summer Day Camp (WAMY Community Action, Inc.) and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations,, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the executions.

Custodial Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Consent and Waiver of Liability**

Mountain Adventures Summer Day Camp periodically offers campers the opportunity to participate in field trips to a variety of locations. Participation in field trips is completely voluntary. If you have questions regarding a field trip, please do not hesitate to contact the Camp Director at 828-773-9986.

It is possible that your child could get injured or become sick while on a field trip, By signing this form, you acknowledge and accept such risks and agree that your child has your permission to participate in field trips during the course of summer camp.

In the event of illness, accident, or injury to your child during a field trip, the camp staff will take reasonable steps to contact you. If you cannot be contacted, you hereby grant Mountain Adventures Summer Day Camp/WAMY Community Action, Inc. to seek medical care for your child. You shall bear the financial responsibility for such medical care.

### **Travel**

Furthermore, you provide consent and authorization for your child to travel with Mountain Adventures Summer Day Camp during field trips and other activities that require travel.

By granting permission for your child to attend travel outings you agree that Mountain Adventures Summer Day Camp staff are in charge of these field trips and have the full right to regulate the behavior of your child and to terminate his/her participation in any trip by causing him or her to return home prematurely, at your expense, should your child fail to abide by the reasonable direction of the Mountain Adventures Summer Day Camp staff. By signing this form you understand that there are certain risks that inherent in participation in certain activities that are beyond the control of the participant or WAMY Community Action, Inc, and that immediately prior to any participation you have the opportunity to inspect the vehicles and talk to the drivers and staff and have the choice whether or not to participate in said activity which requires travel.

### **Waiver of Liability**

By signing this form, you voluntarily release and forever discharge WAMY Community Action, Inc/Mountain Adventures Summer Day Camp/Cove Creek Elementary School/Watauga County Schools and their officers, directors, employees, staff, and agents, generally from all claims, causes of action, damages, liabilities arising out of, or in any way related to, your child's experience while on the property of Cove Creek Elementary School and on any Mountain Adventures Summer Day Camp field trips, or in the course of travel.

### **Parent Handbook**

By signing this form, you acknowledge that you have received and read a copy of the 2018 Parent Handbook. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the policies.

Custodial Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## STUDENT ADDITIONAL INFORMATION SHEET

Please feel free to tell us anything else that you think we might be able to assist your child with or need to know throughout the summer program. This could be anything from social skills, emotional needs, being exposed to new things, etc... Mountain Adventure Summer Day Camp does our best to accommodate all needs and wishes of our campers and families.

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