

PAYMENT INFORMATION

Weekly camp costs are \$115 per week per child. A deposit for the first week is required when enrolling your child. The deposit payment will cover the first week your child attends camp. Payments can be made via cash, check, or credit card.




MOUNTAIN ADVENTURES
SUMMER DAY CAMP
2022 REGISTRATION PACKET

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

Mountain Adventures Summer Day Camp will operate out of Valle Crucis Elementary School this summer!

We believe 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 rising preschoolers through rising 9th grade.

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 snacks for the students during the day. If your child has special food allergies or needs, please let the program director know.

Once your packet is received, you will receive a confirmation call within 48 hours to verify your weeks selected and confirm your child's enrollment.

This entire packet must be completed in order for your spot to be held.

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

_____ Week 1: June 6th-10th

_____ Week 2: June 13th-17th

_____ Week 3: June 20th-24th

_____ Week 4: June 27th-July 1st

_____ Week 5: July 5th-8th (NO CAMP ON JULY 4TH)

_____ Week 6: July 11th-15th

_____ Week 7: July 18th-22nd

_____ Week 8: July 25th-29th

_____ Week 9: August 1st-5th

2022 REGISTRATION FORM

Student's Full Name: _____ Student's Current Age: _____

Grade Entering in Fall: _____ School Attending: _____ Gender: _____

Date of Birth: _____ Weight: _____ Race: _____ Eye Color: _____ Height: _____

Parent/Guardian #1: _____

Parent/Guardian #1 Phone _____

Parent/Guardian #2: _____

Parent/Guardian #2 Phone _____

The majority of the time, student lives with: _____

If your student lives in multiple houses, please share their schedule with us: _____

Physical Address: _____

Mailing Address (if different): _____

E-Mail: _____

Please give any information concerning your child which will be helpful in his/her experience in group settings (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. If your child has learning delays or severe behavior of any kind, please share with us how to best handle these situations as we use this information to help best serve your child during the summer so please be honest.

Parent/Guardian Signature: _____ Date: _____

RELEASE FORM

*I give blanket permission for my student to be transported in a van or activity bus to programs/field trips 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 Summer Day Camp Summer Program.

Yes No

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

Yes No

*I give permission to any Mountain Adventures Summer Day Camp staff to administer basic first aid including, but not limited to hydrogen peroxide, Neosporin, ice, etc.

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 a student is to be picked up at the site, the student/ward will be signed out daily by the person responsible for pick up.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____

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 |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | Autism |
| <input type="checkbox"/> Fractures or surgeries | <input type="checkbox"/> Diabetes | Other |

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 surroundings 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 healthcare 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: _____

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.

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/Valle Crucis 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 Watauga County Schools and on any Mountain Adventures Summer Day Camp field trips, or in the course of travel.

Family Handbook

By signing this form, you acknowledge that you have received and read a copy of the 2022 Family 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: _____

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 Adventures Summer Day Camp does our best to accommodate all needs and wishes of our campers and families.