

2019 Conservation Kids Camp Registration

June 3-7, 2019

Arkabutla Dam/Dub Patton

8am-12pm

\$50 per camper



ATTACH CAMPER'S
PHOTO HERE

PLEASE PRINT

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Alternate Number: _____

Parent/Guardian Email:

Students Birth Date: _____

Students Age: _____

Grade Completed the 2018-2019 school year (1st-5th grade complete)

Male _____ Female _____

T-Shirt Size (circle one):

Youth - XS S M L XL

Adult - XS S M L XL XXL

**Does camper have any known allergies? Yes No

If "YES", please explain.

** Physical Limitations: Yes No

If "YES", please explain:

**Special Medication: Yes NO

If "YES", please list name of each and give reason.

**Please list pediatrician name and number and name of hospital to take your child in case of emergency.

Emergency Contact, in case parent/guardian cannot be reached:

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Alternate Number: _____

Relationship to Camper: _____

****Please list ANY names of who will be picking up your child. Name must be listed to sign out your child. ****

I/we agree to comply with the rules and guidelines of the Conservation Kids Camp and fully recognize and accept the authority of the Camp Directors to dismiss any applicant for health, safety or disciplinary reasons. I/we give permission for (CAMPER’S NAME)

_____to participate in Conservation Kids Camp at the Dub Patton Day Use Facility at Arkabutla Dam. The youth named on this application has my/our permission to engage in any or all camp activities except as noted in the health-related questions on this application. I/we give permission to make a record of our child's activities while engaged in the program activities; we understand that the materials and data so obtained may be used for public relations; instructional and training purposes which would benefit conservation education. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Camp Director to secure proper treatment, including hospitalization for the applicant named here in. I assume responsibility for all medical charges that result from such accident or illness. I fully absolve the Camp, its sponsors and the Camp staff of any liability in connection with medical treatment, including hospitalization for the applicant named herein. I assume responsibility for any damage to any property brought about by my child.

SIGNATURE OF PARENT/ GUARDIAN: _____

DATE: _____

****Please make non-refundable payment to DeSoto County SWCD ****

*** Please attach a copy of insurance card and camper photo ***

RETURN COMPLETED REGISTRATION FORM, FEE, AND ALL NECESSARY PAPERWORK TO THE ATTENTION OF:

**MELEIAH TYUS
DESOTO COUNTY SWCD (SOIL & WATER CONSERVATION DISTRICT)
3260 Hwy 51 S.
Hernando, MS 38632**

****We will be posting camp changes/updates on Facebook. Please make sure you have “LIKED” the DeSoto County Soil & Water Conservation District page to stay up to date. ****



CAMPER/VOLUNTEER WAIVER FORM

Location: **Dub Patton & Pavilion 761, Arkabutla, DeSoto SWCD, or Eudora Fire Department**

Date: _____

This is a waiver. Please read it carefully before signing. The undersigned has read this waiver and hereby agrees:

- To waive all claims arising out of or in any way related to this project;
- To waive all claims against individual volunteers, project coordinators, sponsors, suppliers, supporters, landowners, DeSoto County Soil & Water Conservation District, USACE(United States Army Corps of Engineers), Eudora Fire Department, DeSoto County, or other organizations affiliated, their employees and agents;
- to assume and accept responsibility for all risks or accidents arising from or relating to this project;
- that participation in this activity is completely voluntary and that I have neither received payment nor expect to receive any compensation for my participation;
- to read, listen to and follow all safety instructions presented in conjunction with this project;
- to use good judgment based on physical ability and to immediately terminate participation in the project if activities become too strenuous or difficult;
- represents that s/he is physically and mentally fit and able to participate in this project;
- that this waiver shall act as a complete bar against all actions or claims, including negligence claims, arising from or related to this project; that if any action or claim is made, this waiver shall warrant immediate and final dismissal of all such actions or claims; that this waiver applies to all claims made by myself or my legal hers, representatives or agents.

I also agree and understand that photographs or videos, which include my image, taken at the Program may be used in DeSoto County Soil & Water Conservation District, USACE, or Eudora Fire Department publications for advertising, publicity, and commercial or other business purposes. I hereby give DeSoto County Soil & Water Conservation District and the above mentioned agencies permission to duplicate and distribute the photographs, or any parts thereof which include my image, in perpetuity in any manner and in any and all media, including the Internet, whether known now or hereafter devised. I waive any right to inspect or approve the finished version(s).

Camper/Volunteer Name (print) _____

Address _____

City, State, Zip _____

Phone _____

Parent/Volunteer Signature _____

Print Parent/Volunteer Name _____