



# CAMP WILD



Wander Investigate Learn Discover

## Registration Form

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male or Female

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

Guardians Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Adults for Pickup: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_ Physical Restrictions: \_\_\_\_\_

Is your child a capable swimmer: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

### PLEASE READ CAREFULLY

1. I understand that my child will be transported by Belmont SWCD Employees.
2. I understand that Belmont SWCD is not responsible for any injury that may occur during Camp WILD activities.
3. I understand that I will be given no refund if my child quits, cancels or cannot attend Camp WILD for any reason.
4. I understand that my child will obey the rules set forth by Belmont SWCD and if not may be asked to exit the program with no refund offered.
5. I understand that photos of my child may be used for promotional purposes, solely by Belmont SWCD.

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



Camp WILD is an outdoor youth camp where kids can Wander, Investigate, Learn and Discover in nature!

Participants must be at least 8 years old by July 18<sup>th</sup> and no older than 13 years old.

The cost to participate is \$50. Checks can be mailed to: Belmont SWCD 130 West Main Street, St. Clairsville, Ohio 43950.

Registration is required.

The first 20 eligible campers to submit their registration form and payment will be accepted. You will receive a confirmation call/email when your camper has successfully been registered.

There will be at least 3 chaperones with the kids at all times.

Campers may be dropped off at the Barkcamp State Park, Group Camp area at 9am on July 18<sup>th</sup> and picked up on July 19<sup>th</sup> at the Group Camp Area at 11:30am.

If you will be dropping off or picking up your camper at any time other than the designated times, you need to inform me.

All meals will be provided.

Please make sure your camper is dressed in clothes that can get dirty and appropriate footwear.

Everyone will need to bring their own tent, sleeping bag, pillow, extra clothes, sunblock, bug spray, towels, swimsuit, extra snacks, and a NERF gun with darts. If your child does not have a NERF gun, please let me know so I can make alternate arrangements.

There are shower houses available.

### **Camp Schedule:**

Day 1 – Campers will learn about wildlife rehabilitation, go fishing for a record catch, canoe on the 117 acre Belmont Lake, practice their shooting skills at a BB gun range, and camp overnight by a fire.

Day 2 – Campers will learn how to navigate with a compass and build their own bluebird house.

For questions, please call Samantha at 740-526-0027.

**Camp WILD is brought to you by:**

South Central Power Company

Barkcamp State Park

The Nutrition Group

Belmont Soil and Water Conservation District



# Outdoor Recreational Activity Risk Disclosure Acknowledgement and Waiver

*Please Read Carefully and Sign on the Back*

## **Risk and Release Waiver**

I understand and agree that ***I am a recreational user*** and am using the facility, equipment, participating in an event, and/or having my equipment transported free of charge. I understand and agree that the ***Ohio Department of Natural Resources is not waiving its recreational immunity*** by allowing me to use its facility, equipment, participate in an event, and / or transport my equipment free of charge.

On behalf of myself, my heirs, executors, administrators, and assigns I agree to release the Ohio Department of Natural Resources from any liability associated with my use of its facility, equipment, participation in an event, and/or if there is any damage to my personal equipment during transport or at any other time.

Further, I do hereby understand and acknowledge that:

- It has been disclosed to me that outdoor recreational activities involve ***inherent risks, dangers, and hazards*** to myself and other participants including, but not limited to, inclement weather, dangers with being in water, encounters with animals, and rough terrain that can be difficult to navigate;
- People are seriously injured and die every year from participating in outdoor recreation activities; and
- I am voluntarily participating in the outdoor recreational activity and using any equipment ***"as is"*** and that ***no warranties*** are being extended to me with respect to the facility or equipment.

## **Medical Condition & Consent to Treat**

I represent that I do not have any medical condition that prevents me from participating in this outdoor recreational activity.

In the event of injury or illness, I authorize (on behalf of myself or my child/ward) the Ohio Department of Natural Resources to obtain first aid and/or medical treatment at the nearest and most adequate facility. This release is completed and signed of my own free will and with the sole purpose of authorizing medical treatment in emergency circumstances for myself, or in my absence, for the minor child/ward listed on the back.

## Signature

I have read and understand the foregoing Outdoor Recreational Activity Risk Disclosure Acknowledgement and Waiver. I have read and understand that this document includes waivers regarding **Risk and Release** as well as **Medical Condition and Consent to Treat** and agree to be bound by these terms. I further understand and agree that by signing this instrument as a parent or guardian on behalf of a minor child, I am binding said child to the terms thereof.

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

Printed Name: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Name(s) of Child(ren) for Whom the Parent or Legal Guardian is Signing:

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_