

Piney Woods Conservation Adventure Camp

REGISTRATION FORM

July 12-15, 2016

REGISTRATION LIMITED TO 40 Participants

20 participants-Wildlife

20 participants-Fisheries

Must be 14+
years old

Must have at
least 1 year
left in high



United States
Department of
Agriculture



PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: ☐ Female ☐ Male Age: _____ T-Shirt Size _____

Preferred Track*: ☐ Wildlife ☐ Fishery

**First come, first serve. If your preferred track is full, you will have the opportunity to choose if you would like to be placed in the other track or wait until next year.*

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

County: _____ Telephone: _____ cell: _____



Please list ADA Accommodations or dietary restrictions needed: _____

Is participant a certified Lifeguard? Yes _____ No _____

Emergency contact #1: _____ Relationship: _____ Phone: _____

Emergency contact #2: _____ Relationship: _____ Phone: _____

Specify any of the participants' health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

*Refrigerators/coolers will be available for your child to store medication if necessary.

Payments: Fees can be paid by check or money order.

Make the check payable to: **Piney Woods Conservation Camp**

Camp Fee*: \$300/participant (*Do ***not*** send money with application. Money will be collected only with confirmation of attendance. You will be notified by telephone if your child has been selected.)

Contact Information

For more information, contact Dr. Aaron Sumrall, Extension Agent in Newton County at
Office: (409) 379-5170 Email: sasumrall@ag.tamu.edu

DROP OFF AND PICK UP TIMES

Drop off time:

- July 12th: 12- 2pm

Pick up time:

- July 15th: 1pm (10 minute courtesy wait)

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

I hereby give permission to **Piney Woods Conservation Adventure Camp (PWCAC)**, to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **PWCAC**, including but not limited to all aspects of outdoor activities including but not limited: hiking, boating, fishing and other physical activity. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **PWCAC, its employees, volunteers and its staff** from liability to the above named camper, of the person claiming through him/her, arising from injury to the person or property of the above named camper occurring at all camp locations, including any and all events sponsored or sanctioned by **PWCAC**, and or travel to and from such activities. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply. I understand that the payment for participation, if accepted, is due by **June 1, 2016**. We do not provide refunds for any reason after June 1st.

Parent Signature _____ Date _____