



Jackson Soil & Water Conservation District
89 Alder Street
Central Point, OR 97502
541-423-6159 fax: 541-727-7471

Please fill out this form carefully. Forms filled out incorrectly may be set aside for clarification, and registration will not be held in the meantime, which could result in wait list status. Registration status will be reserved once tuition is received. Please direct any questions to Karelia Ver Eecke @ 541-423-6182 or karelia.vereecke@jswcd.org.

Forest and Range Day Camp Registration

Camp Schedule: Monday-Friday (6/24-28), drop off 8:30am pick up 4pm @ Rogue Valley Mall

Camper's Name

Age

Gender

Name of Parent or Legal Guardian

Email (best one to reach you)

Primary phone #

Secondary Phone #

Home Address

2nd Parent or Legal Guardian of camper

2nd Parent email (if they would also like to receive our emails)

Primary phone #

Camper's Birthdate (mm/dd/yyyy)

Camper's school

What grade will camper be in at the start of the next school year (camp is open to those entering 4th-7th)?

Would you like to purchase a t-shirt? If so, please list child's size here and include an extra \$15 with your tuition.

Yes No Size: _____ Adult ____ Youth ____

If you would like to request that your child be in the same group as another camper, enter name here:

Emergency Contact Information

Name of Emergency Contact

Relationship to Camper

Phone # of Emergency Contact

Alternate Pick-up Contact

If someone other than you will be picking your child up at the end of the day, please list their name(s) and phone number below. Children cannot be released to anyone not on this list. Please advise your alternate pick-up person to bring proper ID.

Medical Information

Is your child currently under medical treatment?

Yes No

Does your child have any history of respiratory illness?

Yes No

Is your child diabetic?

Yes No

Is your child subject to seizures of any kind?

Yes No

Is there any medical condition (heart condition, recent surgery or illness etc.) now existing that may require treatment or affect your child's participation in this program?

Please list any medications your child is currently taking

Name and Phone number of your child's physician

JSWCD does not discriminate against otherwise qualified participants with disabilities on the basis of disability. Are you requesting any accommodations for yourself or your child in order to participate in the JSWCD program?

In the case of emergency, injury or illness of my child, I understand every effort will be made to contact me. I hereby give permission to the medical personnel selected by the person in charge of the JSWCD event to order x-rays, routine tests, treatment, release any records necessary, and to provide or arrange necessary related transportation for the person named on this form. I hereby give permission to the physician selected by the person in charge of the JSWCD event, to hospitalize, secure emergency treatment, and order injection, anesthesia, and/or emergency surgery for me or my child as named on this form. I will assume all financial obligations incurred for medical expenses. I understand that this outdoor, active, event carries inherent risks and that my child will be transported to several different sites over the course of the event. I hold the staff, volunteers, presenters, contractors and landowners associated with this event harmless from any claims, damages, losses and/or expenses arising out the voluntary participation of myself and my child/children in this event. I assume all liability for any and all personal injury, illness or property damage that occurs as a result of participation in this event. I will ensure that my child agrees to obey all the rules and policies mandated by event personnel.

Parent signature _____

Media Release

You have my permission to use photos and videos taken of my child during the Forest and Range Day Camp for outreach publications and in media used by Jackson SWCD.

Parent initials _____

You have my permission to place photos of my child in a cloud-based drop-box, where I can retrieve and download them. I understand that this drop-box will be used by others, including but not limited to: parents, students, instructors, and volunteers.

Parent initials _____

Friday BBQ at Emigrant Lake near Ashland

Will you attend the BBQ on Friday July 20 at noon? *Please note that there is a \$4/vehicle fee to access park.*

Yes No

How many guests will you bring?

I understand that there will be no lifeguard on duty in the swimming area at Emigrant Lake. I also understand that staff will not serve as lifeguards at the lake. Swimming in that area will be "at your own risk".

Parent initials _____

I attest that my child is a competent swimmer and I give permission for my child to swim in the lake without a lifeguard present.

Parent initials _____

My child has my permission to use the waterslide and I will send money (\$10 for 3 hrs, \$6 for 1.5 hrs) for this activity. I understand that JSWCD assumes no responsibility for this money or my child's use of the waterslide.

Parent initials _____

I acknowledge that I, or an authorized "alternate pick-up person" must sign my child out before leaving the BBQ on Friday July 20. Otherwise my child will be transported back to the mall to be picked up by 4 pm.

Parent signature _____