



## Piney Woods Conservation Adventure Camp

### REGISTRATION FORM

July 12-15, 2016

REGISTRATION LIMITED TO 40 Participants

20 participants-Wildlife

20 participants-Fisheries

Must be 4-H  
member  
Age 14+

Must have at  
least 1 year  
left in high  
school



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](mailto:sasumrall@ag.tamu.edu) **Address:** 509 N. Main St Newton, TX 75966



**REGISTRATION FORMS ARE TO BE SUBMITTED TO the Newton Co. Extension office via mail (postmarked) or e-mail by June 1. If selected, fees are due to the same office by June 15<sup>th</sup>.**

**DROP OFF AND PICK UP TIMES**

Drop off time:

- July 12<sup>th</sup>: 12- 2pm

Pick up time:

- July 15<sup>th</sup>: 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 \_\_\_\_\_

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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 15, 2016**. We do not provide refunds for any reason after June 15th.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_