

Our Big Backyard Application 2019

**Applications are due by May 17th and should be submitted to
Foothills Conservancy staff at 204 Avery Avenue, Morganton NC 28655**

- This camp serves children ages 8-12.
- Campers with an income-based need are prioritized.
- This camp is NOT first come-first serve.
- A selection committee will choose and notify participants after the application process has closed.
- Lunch will be provided daily. Please send a packed lunch if your camper has dietary restrictions. We will notify you of what lunch will be each day so you may plan accordingly.

GENERAL PARTICIPANT INFORMATION

Name: _____

Birthdate: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender (circle one): Male Female Genderqueer Non-binary

T-Shirt Size (circle one): Youth S Youth M Youth L
 Youth XL Adult S Adult M Adult L Adult XL

Preferred name for name tag: _____

PARENT(S) OR GUARDIAN(S)

Name: _____

Phone Number: (home) _____ (work/cell) _____

Name: _____

Phone Number: (home) _____ (work/cell) _____

Email address: _____

PARENT'S/GUARDIAN'S STATEMENT (completed by parent/guardian)

The purpose of this free summer camp is to give an opportunity to children who may not otherwise be able to participate in summer camp due to financial barriers. Please state your reasons for registering for this program. List what you feel your child would gain from this experience. Also, explain any unusual circumstances that you feel should be known.

Please check here if your child receives SNAP benefits

I declare the information provided for this application to be true and complete.

Parent/Guardian Signature

Date

LIABILITY RELEASE

FOOTHILLS CONSERVANCY OF NORTH CAROLINA PROGRAM

I, _____ have chosen to participate in the following trip, field trip, or program sponsored by Foothills Conservancy of North Carolina, a nonprofit corporation organized and existing under the laws of the state of North Carolina:

Our Big Backyard - Adventures in Nature with Foothills Conservancy, June 24 - 28, 2019

In consideration for being allowed to participate, I willingly assume all risks associated with my participation and I grant this release of liability. I have listened carefully to the hazards outlined by the program leader. I understand that my participation on this program entails a risk of physical injury or death, and that I may be exposed to hazards including, by way of illustration but not limitation: exposure to extreme or inclement weather; passage on or through bodies of water (including exposure to white water, strong currents, caves or falling rocks; exposure to poisonous insects, reptiles, or plants; and risks associated with strenuous physical activity. I further understand that accidents or injuries may occur in locations or under circumstances where medical attention is not readily available. I expressly assume all risks associated with such hazards, as well as all other risks associated with or arising from my participation in this program, including transportation.

I understand and agree to abide by all instructions, rules, and regulations of the leader designated by Foothills Conservancy of North Carolina regarding safety and the use of all equipment.

On behalf of myself, my estate, and personal representative thereof, my heirs and assigns, I hereby forever release Foothills Conservancy of North Carolina, a nonprofit corporation organized and existing under the laws of the state of North Carolina, its officers, directors, employees, and agents from any and all costs, claims, losses, liabilities, or damages arising from or in any way related to my participation in this program. I intend this release to be effective, regardless of whether the claim of liability is asserted in negligence, strict liability in tort, or other theory of recovery. For myself, my estate, and the personal representative thereof, my heirs and assigns, I covenant and agree to make no claim, nor to institute any suit, action, or proceeding against Foothills Conservancy of North Carolina, its officers, directors, employees, or agents, relating to any accident, incident, or occurrence arising out of or in connection with my participation on this outing.

IN WITNESS WHEREOF, I have executed this release.

As parent/guardian of the above minor child, I hereby fully agree to the terms and conditions of the above release, and I hereby grant my permission for my minor child to enter the site and participate in the activities.

Parent/Guardian

Witness

Date

PHOTO RELEASE FORM FOR MINORS (UNDER 18 YEARS OLD)

I, (Print parent/guardian name) _____ give Foothills Conservancy of North Carolina, Inc., the absolute right and permission to use my son's daughter's grandson's granddaughter's photograph(s) in its promotional materials and publicity efforts.

I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD/DVD, Internet), or other form of promotion. I release the conservancy, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name of minor: _____

Date: _____

Signature of Parent/Guardian: _____

**FOOTHILLS CONSERVANCY MEDICAL INFORMATION AND INFORMED CONSENT FOR
TREATMENT DURING OUR BIG BACKYARD - ADVENTURES IN NATURE WITH FOOTHILLS
CONSERVANCY**

Camper's Name: _____

PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED BY
APPLICANT IN PERSON BEFORE MAY 17, 2019.

I. Medical Information

Known allergies to foods, drugs, insect stings or bites, etc.: _____

Special medical concerns or conditions that event supervisors should know about, including contagious illnesses, epilepsy, asthma, diabetes, previous injuries to bones/joints, etc.: _____

List special dietary needs:

Medications currently being taken (name of medication, dose, and frequency):

Family physician: Name _____ Phone _____

Address _____

II. Insurance Information (Copy of insurance card required with application)

Health Insurance Company: _____

Health Insurance Policy #: _____

Company Address: _____

Phone: _____

III. Provided Food

IMPORTANT: We are unable to accommodate any food allergies or sensitivities. Therefore, if your child requires a special diet, please plan on packing a lunch for the duration of the camp.

_____ (Initial) I have read the above statement regarding food and agree to the terms indicated.

Signatures Acknowledging Parts 1, II, and III

Parent's/Guardian's Signature: _____ Date: _____
Participant's Signature: _____ Date: _____
Parent/Guardian Phone #: Home _____ Work _____

IV. Emergency Contact

In the event of an emergency, Foothills Conservancy should contact:

Name: _____ Cell: _____
Relationship to Child: _____
Name: _____ Cell: _____
Relationship to Child: _____

V. Informed Consent

In the event that a participant needs minor medical care from Foothills Conservancy staff/volunteers or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical condition, Foothills Conservancy staff/volunteers will make every effort to notify the parents, but the first priority may be providing care to the participant.

Authorization to Consent to Health Care for Minor

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born _____. I authorize any adult(s) acting as agents (including official volunteers) or employees of Foothills Conservancy and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the execution.

Custodial Parent Signature _____ Date _____

TO BE COMPLETED BY Foothills Conservancy Staff

STATE OF NORTH CAROLINA
COUNTY OF _____

On this _____ day of _____, 2019, personally appeared before me the said named, _____, to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledged that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires _____, 20_____.

Notary Public

(OFFICIAL SEAL)