PIEY WOODS CONSERVATION ADVENTURE CAMP

WHEN
July 12th (noon) - July 15th (1pm)

WHERE
Rayburn Country
2376 Wingate Blvd, Jasper, TX 75951

FEATURING
• Hands-on Activities • You Pick your Track • Recreation time: swimming/shooting range • Spotlight Counts • Electroshock boat activities • Career Exploration • Small Class Size • 5-Star Facilities • And Much More...

ATTENDEES
4-H MEMBERS
AGE 14 & UP*
*Must have at least 1 year of high school remaining

REGISTRATION
$300 /person
includes meals & lodging
*No money is to be sent until confirmation of acceptance is received

SPACE LIMITED
40 PARTICIPANTS TOTAL
20 youth – Wildlife Track
20 youth – Fisheries Track

SPEAKERS
Texas A&M AgriLife Extension
PVAMU Extension
Texas Parks and Wildlife
Texas A&M Forest Service
USDA-NRCS
The Nature Conservancy
Private industry

LIFEGUARD?
If you are a certified lifeguard, let us know.
You may be eligible for reduced registration.

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 15th.

Texas A&M AgriLife Extension Service are open to all people without regard to race, color, sex, religion, national origin, age, disability, genetic information, or veteran status. The Texas A&M University System, U.S. Department of Agriculture, and the County Commissioners Courts of Texas Cooperating
Piney Woods Conservation Adventure Camp
REGISTRATION FORM
July 12-15, 2016
REGISTRATION LIMITED TO 40 Participants
20 participants-Wildlife  20 participants-Fisheries

PARTICIPANT INFORMATION Please type or print legibly.

Last Name: ___________________________ First Name: ___________________________

Gender: □ Female  □ Male  Age:_______  T-Shirt Size___________

Preferred Track*:  □ Wildlife  □ Fisheries

*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: ______________

Email Address: ______________________________________________________________

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) 379-4831  Email: sasumrall@ag.tamu.edu  Address: 509 N. Main St Newton, TX 75966

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

Parent Signature________________________________Date_______________

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