

NC WILDLIFE ACTION PIONEER DAY CAMP 2024 APPLICATION



Helms Nature Preserve, 543 Sunset Ave., Whiteville, NC

"SHARING THE ADVENTURE"

*Must be a Wildlife action Member to Participate



NC State Pioneer Day Camp - June 10-June 14, 2024 - 9am-1pm

Co-Ed - Ages: 6-11 Deadline for Application **50 Camper Limit OR 6/01/24**- Cost: \$135

I am currently not a member but also enclosed is my **\$60 Family Membership** dues. (see form on back)

**Mail this application and membership fee (if applicable) to: NC Wildlife Action, P.O. Box 1314, Whiteville, NC 28472*

If you have questions call Camp Co-ordinator Rita Parker - (910) 612-2843

Or (910) 642-8309

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ MOBILE _____

PARENT'S NAME _____

AGE _____ Male _____ Female _____ T-shirt size _____ (circle) Youth or Adult

COST: _____ PAID: _____ CASH: _____ CHECK: _____

EMERGENCY CONTACT PERSON: _____

PHONE: _____

FAMILY PHYSICIAN: _____ PHONE: _____

CHILD HAS OR IS SUBJECT TO THE FOLLOWING: (CHECK IF YES)

_____ ASTHMA _____ NOSE BLEEDS _____ CONVULSIONS
_____ ALLERGIES _____ HEART TROUBLE _____ DIABETES
_____ FAINTING SPELLS _____ ACTIVITY RESTRICTIONS
_____ OTHER

PLEASE READ & SIGN BACK OF FORM

Pioneer Day Camp Nurse Medical Information

Last Name: _____ First Name: _____

Tribe: _____

| DAY | SITUATION | DATE | TIME | PROCEDURE TAKEN |
|-----------|-----------|------|------|-----------------|
| SUNDAY | | | | |
| MONDAY | | | | |
| TUESDAY | | | | |
| WEDNESDAY | | | | |
| THURSDAY | | | | |
| FRIDAY | | | | |
| SATURDAY | | | | |

Remarks:

*****BELOW TO BE FILLED OUT BY PARENTS*****

List any uncontrolled or over-the-counter drugs that your child cannot consume:

List any controlled or prescription drugs that your child has to consume and the procedure in which they should be taken:

WILDLIFE ACTION PIONEER DAY CAMP

EMERGENCY INFORMATION AND AUTHORIZATION FOR EMERGENCY TREATMENT

Parent / Guardian Name: _____ Address: _____ City: _____ State: _____ Zip: _____
 Main Phone #: (____) _____ Physician's Name: _____ Phone #: (____) _____

CHILD'S NAME: D.O.B. ALLERGIES Date of Last Tetanus Booster Existing Medical Problems

Please List Any Additional Information on a Separate Sheet of Paper and Attach to This Form. T-Shirt Size: _____

NAME(S) OF ADULTS THAT MAY SIGN FOR EMERGENCY MEDICAL TREATMENT IN YOUR ABSENCE:

Name: _____ Name: _____
 Name: _____ Name: _____

In the event that I (We) the parent(s) cannot be contacted, I (We) authorize the above named individual to grant permission for any medical/surgical procedure that is in the best interest of the above named child(ren) in the opinion of a physician licensed to practice in North Carolina. I (We) further authorize that if the physician or a designated assistant, are unable to receive authorization for care, that the physician is hereby authorized in an emergency situation to perform whatever acts that in his professional opinion are in the best interest of the above named child(ren).

Signature of Parent: _____ Date: _____

CONSENT AND RELEASE

STATE OF North Carolina
 COUNTY OF Columbus

I, _____, do hereby consent to voluntarily participate in or allow my child, _____ to participate in the following Wildlife Action activities/property used as indicated: _____. I do hereby agree to release and forever discharge Wildlife Action, Inc., it's officers, agents, and employees from all and any suits, claims, damages, liabilities, cost, and expenses, including reasonable counsel fees, which result from or may arise out of participation in the aforesaid activity/property use. During participation in said activities/property use, I hereby grant Wildlife Action, Inc., it's employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of the participant's health and safety, and I hereby release each of them from any liability from any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right to place the participant, at his/her own expense, and without any further consent, in a hospital or medical services and treatment, or if no hospital is readily accessible, to place participant in hands of local medical doctor for treatment. Wildlife Action reserves the right to use any photographs, videos, writings, etc., to promote Wildlife Action.

I have read and understand all rules and regulations and hereby agree to comply with all rules, standards, and instructions relating to this activity/property use, which are promulgated by Wildlife Action, Inc. I agree that Wildlife Action, Inc., its employees and agents, shall have the right to enforce appropriate standards of conduct, that Wildlife Action, Inc., may at any time, terminate participation in said activity/property use in the event of any failure to abide by such rules and regulations.

Signature Participant, Parent, Guardian: _____ Date: _____