

NC WILDLIFE ACTION PIONEER DAY CAMP 2026 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 8-June 12, 2026 - 9am-1pm

Co-Ed - Ages: 6-11 Deadline for Application **60 Camper Limit** OR **6/01/26**- 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 Coordinator
Jeana McDuffie(910) 770-2453 Or (910) 642-8309

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ MOBILE _____

PARENT'S NAME _____

AGE _____ Male _____ Female _____ T-shirt size-**S, M, L, XL** (circle)**Youth OR Adult**

Date of Birth: _____ 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

CONSENT AND RELEASE

STATE OF _____

COUNTY OF _____

I, _____, do hereby consent to voluntarily participate in or allow my child, _____, to participate in the following WLA activities/property use 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, costs and expenses. During participation in said activities, property use, I hereby grant WLA, 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 for any such decisions or actions as may be taken by them in connections 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.

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., it's 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: _____

MEMBERSHIP FORM

_____ New Member

_____ Renewal

_____ \$60.00 Family

North Carolina Wildlife Action

State Headquarters

P.O. Box 1314

Whiteville, NC 28472

910-642-8309



www.NC-WildlifeAction.org

& we're on Facebook at "North Carolina Wildlife Action"

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____ Email: _____

NCWLA PIONEER DAY CAMP

EMERGENCY INFORMATION & AUTHORIZATION FOR EMERGENCY TREATMENT

Parent / Guardian Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Main Phone #: (____) _____

Physician's Name: _____ Physician's 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: _____

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: _____

Pioneer Day Camp Nurse Medical Information

(This section is for camp nurse use only- parents fill out below section)

Last Name: _____ First Name: _____

Tribe: _____

DAY	SITUATION	DATE	TIME	PROCEDURE TAKEN
SUNDAY				
MONDAY				
TUESDAY				
WEDNES- DAY				
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:
