



## Outdoor Explore Camper Registration

Camper Name:

First / Last / Middle Initial

Birth Date:

mm/dd/yyyy

Age:

Address:

City / State / Zip:

CAMP SESSION

**Session 1:** June 24 - 28

**Session 2:** July 15 - 19

### Parent / Guardian 1

Name:

Relationship:

Phone:

Address:

City / State / Zip:

### Parent / Guardian 2 (optional)

Name:

Relationship:

Phone:

Address:

City / State / Zip:

### Emergency Contact 1

Name:

Relationship:

Phone:

### Emergency Contact 2 (optional)

Name:

Relationship:

Phone:

## Authorized Pick-Up List

List all names of those allowed to pick up your camper. If any person is not known by Camp Drift-A Bit staff/volunteers, that person may be asked to present I.D. Please notify the Camp Director of any changes to your child's Authorized Pick-Up List, or if someone not on the list will pick up your child on any given day.

1.
2.
3.
4.

## Medical Information & Emergency Care

Explain any medical conditions (permanent or temporary) that you or your doctor feel may limit your camper's participation in Camp Drift-A-Bit activities. Please use an additional page if necessary.

List any allergies (food, insects, plants, medication, etc).

List any dietary restrictions.

List any emotional conditions or fears.

**Medication.** Please note, your camper's senior counselor will hold and administer all medications according to the directions below, with the exception of inhalers, which campers may carry and administer themselves. All medication must be in its original pharmacy container with original pharmacy labels.

This camper will take daily medications while attending camp.      Yes                      No

Name of Medication	Reason for taking	When it is given	Dosage	How it is given

The following non-prescription medications may be stocked in camp First Aid kits and are used on an as needed basis to manage illness and injury. **Check any medication your camper MAY NOT be given.**

Antihistamine/allergy medicine (Benadryl)	Generic cough drops	Ibuprofen
Acetaminophen (Tylenol)	Antibiotic Cream	Aloe
Calamine lotion		

Please list any other medical history or information you find pertinent to your camper's experience at Camp Drift-A-Bit.

## Parent/Guardian Authorization for Health Care

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**Name of Camper**

**Parent/Guardian Signature**

\*If for religious or other reasons you cannot sign this, contact the camp director.

**Date**

## Payment Information

**Non-Refundable Registration Deposit: \$30**

**Camp Tuition: \$295**

A non-refundable **deposit of \$30 must be made via our online registration page**. This \$30 deposit will only hold a space for your camper, allowing you time to complete and return the registration packet and pay the remaining camp tuition. **Please note, your camper's space will not be fully secured until your completed registration packet and camp tuition have been received** by Camp Drift-A-Bit. Spaces are secured on a first come, first serve basis. For this reason, we encourage you to complete and return the registration packet along with camp tuition promptly after paying the \$30 deposit.

Camp Drift-A-Bit offers some discount opportunities for siblings, campers registering for multiple weeks, and second-year campers. Discounts may not be combined with scholarship aid. Please visit our registration page and use the Discounted Tuition Calculator to see how much tuition you might pay with applied discounts.

Please select all discounts that apply for your camper.

**Second Year Camper.** This camper attended Camp Drift-A-Bit in 2018. (\$50 discount)

**Sibling Discount.** I am registering more than one child. (\$25 discount per sibling)

**Multi-Week Camper.** This camper is registering for multiple camp sessions. (\$25 discount per session)

Camp Drift-A-Bit offers morning and evening camp care for campers who cannot make the regular drop-off/pick-up period. Morning camp care (A.M. Care) runs from 7:30-8:30am. Evening camp care (P.M. Care) runs from 4:30-5:30pm. Camp care is \$25/day for morning or evening, and \$50/day for both. If you would like to pre-pay, please select how many sessions you will need below. Otherwise, you may pay as needed during camp.

	Mon.	Tues.	Wed.	Thurs	Fri.
A.M. Care					
P.M. Care					

Once your registration form is received, Camp Drift-A-Bit will email you an invoice for your camp tuition, including any discounts you are eligible for and any camp care sessions you'd like to pre-pay. You may pay your remaining camp tuition via check or credit card. Payees will be responsible for any processing fees for payments made via credit card.

Email address:

## Camp Drift-A-Bit: Outdoor Explore Session 1 & 2

### Release and Waiver of Liability

**Guardian Status.** By my signature below, I attest that I am the parent or legal guardian of the Minor named in this Waiver and Release, and that I have the authority to execute this Waiver and Release on behalf of the Minor, hereinafter referred to as “Camper.”

**Waiver and Release.** The Guardian releases and forever discharges and holds harmless New River Gorge Learning Co-op, hereinafter referred to as “NRGLC,” and their respective shareholders, directors, officers, employees, agents, affiliates, successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Camper’s time participating in Camp Drift-A-Bit, a project of NRGLC. The Guardian understands and acknowledges that this Release discharges NRGLC from any liability or claim that Guardian and Camper may have against NRGLC with respect of bodily injury, personal injury, illness, death, or property damage that may result from activities at NRGLC and its affiliate sites. It is also understood that NRGLC does not assume any responsibility for or obligation to provide financial assistance or other assistance to the Camper, including but not limited to: medical, health or disability insurance in the event of injury, illness, death or property damage.

I hereby acknowledge and understand that there are dangers and risks associated with the activities described below, which have been fully explained to me. I hereby acknowledge and understand that the Camper named on this waiver must abide by all rules, instructions, policies and procedures imposed by NRGLC and its partners and affiliates relating to the use of the facilities or property and the facilities or property of their partners and affiliates in order to have the safest experience. I acknowledge and understand that while reasonable care will be taken to ensure each camper’s safety, safety cannot be guaranteed.

**Transportation.** Camp Drift-A-Bit may utilize insured buses and certified bus drivers to transport campers to and from various activity sites and Camp Drift-A-Bit headquarters.

**Adventure Course Elements.** Campers may participate in adventure course elements to practice team building and communication. These elements require balance, activity-appropriate interpersonal physical contact, and cooperation to be utilized safely. Risk involved in adventure course elements are comparable to those on a typical playground.

**Hiking.** Campers may participate in a variety of community service activities or outdoor classes which require light hiking on and off trails of various terrain.



**Partnership with Adventure Company and NPS Guides.** Some activities will be guided in tandem by Camp Drift-A-Bit counselors and trained adventure company guides and employees of the National Park Service. This includes, but is not limited to Community Service Projects and hiking.

**Off-site Activities.** Some Camp Drift-A-Bit activities take place off of camp property. Campers are expected to follow the rules and guidelines set forth by Camp Drift-A-Bit counselors and any trained guide staff working in tandem to lead an activity in order to have the safest experience.

**Medical Emergency Care.** In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary. I understand that failure to complete camp registration forms in a full and comprehensive manner could affect my Camper's or own safety as well as that of others, and therefore I affirm that the information herein is accurate and complete. I agree to hold Camp Drift-A-Bit harmless if full disclosure of a pre-existing medical condition has not been made.

I understand Camp Drift-A-Bit, a project of NRGCLC reserves the right to dismiss without refund any camper failing to follow the rules and guidelines of the Camp Drift-A-Bit Handbook, available in the camper registration packet.

By signing below, I, \_\_\_\_\_, parent/guardian of  
(Parent/Guardian name)

\_\_\_\_\_, hereby fully waive and release claims for personal injury,  
(Camper name)

property damage, or death that may result from the Camper's participation in any and all activities of Camp Drift-A-Bit and its partners, despite the implementation of reasonable safety measures and precautions, and give permission for the Camper named above to participate in all Camp Drift-A-Bit activities.

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Parent / Guardian Signature

Date



## CAMP DRIFT-A-BIT: PHOTO & MEDIA RELEASE FORM

I, \_\_\_\_\_ hereby give permission and consent for (child's name)  
\_\_\_\_\_ to be photographed or videoed during New River Gorge Learning  
Co-Op's 2019 Camp Drift-A-Bit activities. I further give permission and consent that any such  
photographs or video may be published and used by New River Gorge Learning Co-Op and its agents, to  
illustrate and promote the camp experience, New River Gorge Learning Co-Op and its camp programs.

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Parent / Guardian Signature

Date