



## Siuslaw Watershed Council

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P.O. Box 422 • Mapleton, OR 97453 Phone: 541-268-3044 Fax: 541-268-3045

Dear Parents/Guardians and Participants:

Welcome to the Siuslaw Watershed Council's (SWC) 2017 Siuslaw Watershed Camps! Thanks to a grant from the Siuslaw National Forest Stewardship, additional funds from the Western Lane Community Foundation and other sources we will be hosting one session of day camps this year:

- **Monday – Thursday, June 26-29:** Open to students entering grades 4 to 12 in Fall 2017.

We have days packed with fun, informative activities, expert presenters, highly trained staff, and great participants. In order to help the day camps be an incredible experience for everyone, we've put together this packet of important information and forms. Please **read the entire packet and return the Permission Form, the Medical Form, and the Application Form to the SWC office by 12pm, Wednesday, May 27 for priority consideration for all camps. Applications may still be accepted after May 24.**

**To cover expenses not covered by the grants we are requesting \$75 per participant per camp session. A limited number of scholarships are available.** If you need to apply for a scholarship, please complete the Scholarship Application Form. Inability to pay will not influence the participant selection process.

We have limited space, so everyone may not be accepted. We will call within one week after registration forms are due to let you know if applicants have been accepted to participate. You will also receive a confirmation letter. If you are unable to participate due to illness or other reasons please notify the SWC office as soon as possible at 541-268-3044 or email [camp@siuslaw.org](mailto:camp@siuslaw.org).

The camp programs contain many outdoor and nature activities and informative presentations. Participants must be capable of following instructions, working with fellow participants and camp staff, including:

- Collaborating with others in teams and small groups
- Taking and following directions from camp staff
- Hiking 1-3 miles
- Trying beginner mountain biking (Middle/High School)
- Handle physical activities using tools (loppers, shovels)
- Following safe boating practices—on motorboats, kayaks, or canoes

All participants are expected to take part in all activities, and to do so in a respectful and responsible manner. Fulfilling these expectations will make it a great time for everyone.

**Please make sure to carefully and completely fill out the medical information section of the Permission/Medical Form and send any necessary medication to the camps so that all participants can have a safe and fun experience.**

**Parent Drop-off/Pick-up of Participants, Locations and Times**

There are two drop-off/pick-up locations, the Siuslaw Elementary School in Florence and the SWC Office in Mapleton. Specific directions to the locations will be sent in camper confirmation packets. Drop-off/pick-up times are 8:00 or 8:30 AM and 3:30 or 4:00 PM. Specific drop-off/pick-up times vary due to daily activities and will be sent in camper confirmation packets.

**Mandatory Equipment List (Bring/wear the following items everyday that you participate)**

Sack lunch, snack, water bottle (no soda or energy drinks)	Appropriate clothing (dress for the weather)	Pen/pencils
All terrain walking shoes or boots (no sandals, closed toe only)	Change of clothes	Sunscreen
Backpack (daypack)	Sunglasses	Insect repellent or bug net clothing

Recommended Equipment List: Close-toed water shoes (Ex: KEEN brand), hat, camera, binoculars.

In case of an emergency during the camp days, a cell phone number will be provided in the confirmation letter. We may be out of signal range during some of the activities; when this occurs we will check the cell phone's messages twice a day.

We, the SWC camp staff, look forward to great weeks of adventure at the Siuslaw Watershed Camps. Feel free to contact the SWC office with any questions at 541-268-3044 or [camp@siuslaw.org](mailto:camp@siuslaw.org).

Thank You,

Kyle Terry  
Program Manager

Dan Carpenter  
SWC Executive Director

Please keep for your records



PLEASE COMPLETE ALL 3 FORMS AND RETURN TO THE SIUSLAW WATERSHED COUNCIL OFFICE BY: 12PM, WEDNESDAY, MAY 24, 2017 FOR PRIORITY CONSIDERATION FOR ALL CAMPS. APPLICATIONS MAY BE ACCEPTED AFTER MAY 24.

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Phone 541-268-3044 ♦ Fax 541-268-3045

### Participant Information/Parental Permission Form

Participant (youth) Name \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Grade in Sept '17 \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address (Street/PO Box) \_\_\_\_\_

Town \_\_\_\_\_ Zip Code \_\_\_\_\_

For fitting outdoor equipment: Height \_\_\_\_\_ Male or Female Shoe size \_\_\_\_\_

Summer Day Camp: Open to students entering 4<sup>th</sup> – 12<sup>th</sup> grades.  
Monday – Thursday, June 26 to June 29, 2017; 8:00-4:00PM daily

**Times may vary based on daily activities and participant's camp bus pick-up point. Please understand that due to space limitations participants may not be selected to participate. Payments may be held until child is accepted. Campers may attend consecutive camps, space permitting, if eligible by age.**

#### Parental Permission/ Liability Waiver

Please read the following agreement carefully. If you sign it, you will be giving up certain legal rights. We require that the parents or guardians of all participants in our Siuslaw Watershed Camp sign a liability waiver.

I, the undersigned parent or guardian of the child whose name appears below, give permission for my child to participate in the Siuslaw Watershed Camp(s), organized by the Siuslaw Watershed Council. I understand that there could be dangers involved in this activity, including hazards resulting from transportation of my child to and from the sites of the camp activities, and hazards resulting from children mountain-biking, walking in forested areas or being near or in streams, lakes, and rivers.

I hereby agree for myself and for my heirs, relatives, representatives, estate, agents and assigns, that I will not hold the Siuslaw Watershed Council or any of the persons listed immediately below, liable, and that I will waive and release any claims, demands or actions against them, for any damages to or loss of my child's property, or for my child's injury or death, which results from or arises in connection with any Siuslaw Watershed Camp or other Siuslaw Watershed Council activity, other than that which results from gross negligence. In addition, I agree to indemnify the organization and the persons listed below for any claims made against them on my child's behalf or otherwise, as a result of any damage to or loss of my child's property, or as a result of my child's injury or death, resulting from or arising in connection with the Siuslaw Watershed Council, other than that which occurs as a result of the gross negligence of that person(s).

I give my permission for the Siuslaw Watershed Council to publish photos, videos, written works of my child as related to their participation in the camps. I also give permission for other news media to print names and photos of my child.

The persons and organizations covered by this agreement include the Siuslaw Watershed Council and its directors, officers, members, staff, employees, volunteers, agents and representatives; and any of the other participants in the Siuslaw Watershed Camp activities.

I am the parent or guardian of \_\_\_\_\_  
(please print the name of the child for whom this agreement is being signed)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Parent/Guardian Address (If different from participant) \_\_\_\_\_

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**Medical Release/Emergency Contact Form**

**Camp Participant (Youth) Name:** \_\_\_\_\_

**Emergency Contact Information**

**Parent/Guardian Name:** \_\_\_\_\_

**Additional Custodial Parents'/Guardians' Names:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_ **Emergency Contact (other than Parent):** \_\_\_\_\_

**Emergency Contact Phone Numbers:** \_\_\_\_\_

**Authorization to Treat a Minor: Agreement and Consent for Emergency Treatment**

In the event of any medical emergencies regarding my son or daughter, I, the undersigned parent/guardian, hereby consent to and authorize the performance of all needed medicines, medical and surgical treatment and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary if Siuslaw Watershed Council Staff cannot contact me by phone after reasonable attempts to do so.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**List ALL medical and behavioral/emotional conditions (Allergies, Asthma, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**List ALL medications, time taken (or PRN) and amount:**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance?** \_\_\_Yes\_\_\_No **Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Physician's Office:** \_\_\_\_\_

For Office Use Only:	___Intro___Intermed___Adv
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