



Welcome to the Siuslaw Watershed Council (SWC)'s and Siuslaw School District's 2024 Watershed Camps!

**Monday-Friday, June 24-28 (day camp); Open to all students entering grades 4 to 8
OR**

Friday-Sunday, July 12-14 (overnight) Wilderness Weekend; Open to all students entering grades 9 to 12

In order to make the Camps an incredible experience for everyone, we have planned days packed with fun, informative activities, expert presenters, highly-trained staff, and energetic participants. We've put together an online registration form and this packet, including information and a parental permission form/waiver.

Please complete the online Registration Form and return the Permission/Waiver Form in this packet to the SWC Office via email or mail, or in-person. **We have limited space and will accept registrants on a first-come, first-served basis.**

Watershed Camp will be offered at **no cost** to families this year thanks to partnerships with the Siuslaw and Mapleton school districts and the generous donations of our funders. However, if you'd like to support SWC's Summer Camp program for future years, you can make a donation at www.siuslaw.org using the "Donate" button, by mailing payment to P.O. Box 422, Mapleton, OR 97453, or in person at the SWC office in Mapleton (10868 E Mapleton Rd).

You will receive a confirmation email or letter upon program acceptance. If your child is unable to participate due to illness or other reasons, please notify the SWC office as soon as possible at 541-268-3044 or camp@siuslaw.org so that another camper may have the opportunity to join.

The Siuslaw Watershed Camp program includes many experiential outdoor activities and informative presentations. Participants must be capable of:

- Receiving and following directions from camp staff
- Collaborating with others in teams and small groups
- Hiking several miles
- Handling tools (e.g., loppers, shovels)
- Following safe boating practices—on canoes, kayaks, etc.

All participants are expected to take part in activities, and to do so in a respectful and responsible manner. **Activities will be made accessible to participants of all abilities to the greatest extent possible.**

There will be two drop-off/pick-up locations, the Siuslaw Middle School in Florence and the Mapleton High School in Mapleton. Specific directions to the locations will be sent in camper confirmation communications. **Drop-off/pick-up times for Florence are 8:30 AM and 4:00 PM, unless otherwise indicated on the schedule. Drop-off/pick-up times for Mapleton are 8:00 AM and 4:30 PM, unless otherwise indicated on the schedule.** Specific drop-off/pick-up times may vary due to daily activities and will be detailed in camper confirmation communications along with a list of needed supplies.

We, the Watershed Camp Staff, look forward to a great summer of adventure at the 2024 Siuslaw Watershed Camps! Please contact the SWC office with any questions at 541-268-3044 or camp@siuslaw.org.



SWC Participant Information/Parental Permission Form

Participant (youth) Name _____ **School** _____
(please print the name of the child for whom this agreement is being signed)

Parental Permission/ Liability Waiver and Emergency Contact Form

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 above, 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 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 and written works of my child as related to their participation in the camp. 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.

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

In the event of any medical emergencies regarding my child, 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.

Signed: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Phone: _____ **E-mail address:** _____

Additional Custodial Parents'/Guardians' Name(s): _____

Phone: _____ **E-mail address:** _____

Emergency Contact (other than Parent): _____

Emergency Contact Phone Number(s): _____

List ALL medical and behavioral/emotional conditions (allergies, asthma, etc.):

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

Physician Name: _____ **Physician's Office:** _____