

Centennial Forest Environmental Education Programs

2019 Camper Application

Thank you for choosing the Centennial Forest Environmental Education Programs for your summer camp experience. Please note all seven (7) pages of the application (scholarship form if applicable) must be completely filled out for full registration. Registration confirmation along with detailed information regarding camp guidelines, what to bring, etc., will be mailed out to the parent/guardian(s) within 14 days of receiving a completed application. If you have any questions regarding this application or our summer programs please contact: Cheryl Miller, Camp Director: (928) 523-6727 or CFCamps@nau.edu.

A. Camper Information

1. Camper's Full Name: _____
2. Preferred Name (if different): _____
3. Camper's Age (as of the start of camp): _____
4. Gender: Male Female
5. Date of Birth (MM/DD/YYYY): _____
6. Has your camper attended a CFEEP Camp before? Yes No

B. Program Choice: Please mark the program for which you are applying

Junior Forester Academy (Typically Ages 9-10)

June 10-14, 2019

Senior Forester Academy (Typically Ages 11-12)

June 17-21, 2019

Outdoor Leadership Academy (Typically Ages 13-14)

June 24-28, 2019

Counselor-in-Training: Camp Alumni Only

Please choose a week from above and submit the CIT/JC application as well.

Junior Counselor: Alumni from CIT Program and 15 yrs. and older.

Please choose a week from above and submit the CIT/JC application as well.

**** If you would like to attend more than one week of camp, please check each session that you would like to attend.**

All campers must be dropped off and picked up by a parent/guardian at the NAU School of Forestry (Bldg. # 82; map provided with registration) unless other arrangements have been made with staff in advance. If camper arrives by air, parents must arrange for round-trip transportation to and from Flagstaff, AZ.

Morning drop-off is at 9AM on Monday (first day of camp) and pick up will be promptly at 5 PM on Friday (last day of camp).

C. Parent/Guardian Information

1. Parent/Guardian Name: _____
2. Address: _____
3. City: _____
4. State: _____
5. Zip Code: _____
6. Day Time Phone: _____
7. Evening Time Phone: _____
8. Cell Phone Number: _____
9. Email: _____

Most camp communications will be conducted via email.

D. Emergency Contact Information (if parent/guardian cannot be reached)

1. Contact First & Last Name: _____
2. Relationship to Child: _____
3. Day Phone Number: _____
4. Evening Phone Number: _____
5. Cell Phone Number: _____

E. The Camp may use any photos in which my child appears for purposes of camp promotion:

YES **NO**

F. Each camper will receive a free T-shirt. Please check the preferred T-shirt size below: Additional shirts may be ordered for \$15 each (Junior Foresters tie-dye shirts during camp and may order additional shirts for this activity for \$15).

Adult Sizes:

OR

Youth Sizes:

Small

Medium

Medium

Large

Large

X-Large

X-Large

G. How did you hear about our program?

- Brochure** **Website** **Activity Expo** **Other (please list):**
 Television **Friend** **Radio**

H. PARENT/GUARDIAN'S AUTHORIZATION

The camper herein described has permission to engage in all camp activities (unless otherwise noted). If any medications are required during the time the camper is at camp, it will be administered by Academy staff. Absolutely NO tobacco, liquor, or illegal drugs will be brought, used or possessed during the session(s). If a camper is removed by parent or guardian, dismissed from camp for disciplinary reasons, or for actions/behaviors incompatible for group living, no refund will be made or equivalent time given. If asked to leave, I understand the camper must depart the program within 24 hours, and I (the parent/guardian) will arrange for such transportation at my sole expense. If the camper is asked to leave for disciplinary reasons, I understand that the camper may not be allowed to attend a future CFEEP session. **I have read and agree to the terms in this application.**

Parent/Guardian Signature: _____ **Date:** _____

(For electronic submissions: Printing your name above implies your agreement to the authorization statement)

Parent/Guardians please note morning drop-off is at 9AM on Monday (first day of camp) and pick up will be promptly at 5PM on Friday last day of camp).

I. PAYMENT: (scholarships are available. Please see last page)

One-week overnight camp: \$495.00 per session

Camper Name:

Please check only one of the following boxes below:

Scholarship Application Submitted (form on last page)

Check: Please make payable to NAU Centennial Forest
Amount enclosed: \$

Credit Card: Please use our online payment system.

<https://www7.nau.edu/for/ebiz/>

Centennial Forest Environmental Education Programs Health Form

Camper Name: _____

Date of Birth: _____ **Age:** _____

Immunizations are Current: YES NO

Allergies (check all that apply):

None Hay Fever Insect Stings Asthma Food (please list below):

Other Allergies (please explain):

Medications: NO YES; if yes, please list the types of medications for your dependent below. Please note a more comprehensive form for medications will be sent in the confirmation packet after your child has been registered for camp.

<i>Type of Medication</i>	<i>Purpose of medication/Condition medication treats (i.e. allergies, ADHD, etc.)</i>

Any known health conditions, behavior conditions and/or disabilities? NO YES; if yes, please explain and indicate if any assistance or accommodations are needed.

Special Diet:

Other Restrictions:

CONSENT FORM FOR CHILD PARTICIPATION

THIS RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING.

Child's Name: _____ Age: _____

Parent/Guardian Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone (include Area Code): Home: _____ Work: _____ Emergency: _____

NAU Department: **NAU SCHOOL OF FORESTRY AND CENTENNIAL FOREST**

NAU Program (describe): **NAU CENTENNIAL FOREST Environmental Education Programs Camps**

NAU Supervisor's Name: **CHERYL MILLER**

Date of Program: **SUMMER 2019**

Child will be picked up by: _____ Relationship: _____

Identification will be required to be shown by the person picking up the child.

I give permission for my child, _____, to participate in the NAU program listed and described above. YES NO

In consideration of allowing my child to participate in any way in this NAU program, event and related activities:

1. I acknowledge and fully understand that I will be allowing my child to participate in activities that may or may not involve risk of serious injury, permanent disability, property damage, and/or death. These risks may result not only from their own actions, inactions, or negligence, but also from the action, inactions, or negligence of others. Further, there may be other risks not known to me, or not reasonably foreseeable, and which may result in disability or death.
2. I assume all the foregoing risks and accept personal responsibility for any damages following any such injury, permanent disability, property damage, or death of my child.
3. I release, waive, discharge, and covenant not to sue the State of Arizona, the Arizona Board of Regents, Northern Arizona University, their officers, employees and agents, and their heirs, administrator and executors, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of any person or otherwise, for my child and for myself and my spouse, if any, and our heirs, successors, and assigns.
4. I understand that the State of Arizona, the Arizona Board of Regents, and Northern Arizona University do not provide medical coverage to a participant if injured while participating in the event described above or other Academy activities. Any medical costs incurred as a result of this activity will be my financial responsibility.
5. I hereby consent to Northern Arizona University, to the Flagstaff Medical Center, or any appropriate necessary medical facility and to the physician(s) listed on medical forms (by parent/guardian), carrying out whatever medical treatment or minor surgery that they may deem necessary for the health and welfare of my child. It is also understood that no major surgery will be performed on my child without specific consent, except in those cases of extreme medical urgency when the delay of obtaining such consent would constitute a serious risk to the life of my child.
6. I ACKNOWLEDGE THAT I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Local Physician preferred (if possible): _____ Phone: _____

Insurance Company: _____ Policy #: _____ Group #: _____

Parent/Guardian Signature: _____ Date: _____

(We must have a signature on file, please feel free to electronically submit your child's registration and mail a copy for consent.)

Centennial Forest Environmental Education Programs Scholarship Application

Thank you for applying to the 2019 Summer Camp season. The Centennial Forest is proud to offer scholarships to campers who demonstrate financial need. The Centennial Forest will accept scholarship applications up until May 31, 2019. However, submissions by the **early bird** deadline of **April 15, 2019** increase the probability of receiving a scholarship. The Centennial Forest is offering full scholarships (\$495), half scholarships (\$250) and partial scholarships (\$125). When applying for a scholarship, **please do not send in your payment at this time**, the Centennial Forest will contact you regarding payment upon receipt of your application. Please note that a **\$75 refundable deposit** will be required to hold the scholarship recipient's place in the roster for camp after you have received confirmation of scholarship acceptance. This deposit will be fully refunded upon the recipient's arrival and check-in at camp.

In order to determine your financial need for the 2019 Summer Camp season, the Centennial Forest requests the following information:

Child's Name: _____ Age: _____

Have you ever received a scholarship to this program before? YES No

Parent Information:

Mother/Guardian Name: _____ Occupation: _____ Yrs. In Occupation: _____

Father/Guardian Name: _____ Occupation: _____ Yrs. In Occupation: _____

Household Annual Income: _____ Number of members in family household: _____

Ages of other Dependents: _____

Marital Status: Married Single Divorced/Separated Widowed

Additional Family Income (please indicate total yearly amount): _____

Social Security: _____ Unemployment: _____ Disability: _____ Veteran's Benefits: _____
Medicare/aid: _____ AHCCS: _____ Child Support: _____ Other: _____

Requested Scholarship Amount: **Full (\$495)** **Half (\$250)** **Partial (\$100)**

Parent Contribution \$ (please note parent contribution plus scholarship equals \$495)

In the space below, please describe to us, how the dependent will benefit from a summer camp experience and why your family's financial needs justify a (full, half, or partial) scholarship for your dependent.
(Please use additional paper if necessary.)

By signing this scholarship application, I certify that all of the information reported to qualify for a scholarship is complete and correct.

Signature of Parent/Guardian: _____ Date: _____

(For electronic submissions: Printing your name implies your agreement to the above statement)