



Camp Oscar Permission Form

___ May 27 – 31, 2019 - Campers going into the 1st, 2nd or 3rd grade

___ June 17-21, 2019 - Campers going into the 4th or 5th grade

___ June 24-28, 2019 - Campers going into the 6th, 7th, or 8th grade

\$100 for one family member, \$70 for each additional family members, \$50 for Osprey members

Please return with Camp fees no later than May 15, 2019

Camper Information

Please fill out a separate application for each child

Name of Camper: _____

Age: _____ Grade entering August 2019: _____ Male Female

T-shirt (Circle Youth or Adult): Size: _____

Address: _____

City, State, and Zip: _____

Telephone: _____ Home Cell Office

Emergency Contact Information

Name: _____ Relationship to Applicant: _____

Address (if different from above): _____

City, State, and Zip: _____

Telephone: _____ Home Cell Office

Alternative Telephone: _____ Home Cell Office

Email Address: _____

Name of individual dropping off/picking up child (if different from Emergency Contact) _____

Health Information

Food/Medication Allergies: _____

Other Allergies: _____

Please list any other medical conditions, allergies, disabilities etc. that we would need to be aware of:

Please Read and Complete the Following:

I hereby request that my child participate in Camp Oscar. I understand and am aware that my child will be participating in many physical activities and that the potential for accidents does occur. In consideration of Camp Oscar, the following statements apply:

- I indemnify and hold harmless the Okefenokee RESA and the Okefenokee Swamp Park, and/or its staff and volunteers from any and all liability, claims, damage, injury, or illness sustained by my child.
- I grant permission for The Okefenokee Swamp Park to provide or obtain medical attention for my child in the event of sickness or injury and I understand accident insurance is not included with the camp. Should a camper require special medical attention, prescriptions, or hospital care during the camp session, parent(s)/guardian(s) shall be contacted immediately and take over responsibility for treatment.
- I understand that Camp Oscar will be held in the summer of 2019. I also understand that it is my responsibility to ensure my child is dropped off at the Okefenokee Swamp Park at 8:00a.m. and picked up promptly at 12:00 p.m. at the Swamp Park.
- My child may be participating in the following activities: wildlife observation, hiking, and other outdoor activities for extended periods of time. It is the responsibility of the parent/guardian to ensure the camper is prepared to be outdoors and is wearing appropriate clothing and footwear, (for ex. play clothes and close toed shoes).
- I understand that to participate in Camp Oscar there is a \$100 non-refundable registration fee due with this permission form. All permission forms and fees are due no later May 15, 2019. If not received by this date, your registration will be forfeited.
- If you have any questions throughout the registration processes please contact the Okefenokee Swamp Park at 912-283-0583.
- We expect campers to participate in all camp activities in order to fully experience and enjoy the opportunities being provided. Your signed application signifies understanding and acceptance of these responsibilities. In addition, should a behavior or discipline problem affect our work with other campers or their enjoyment of Camp Oscar, we reserve the right to dismiss those campers responsible, without refund.
- I grant my permission to use any and all photographs of my child taken during the camp.

I have read and acknowledge all above statements:

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

Applications and registration fees can be delivered by mail or in person to the Okefenokee Swamp Park.

Okefenokee Swamp Park
Attn: Kathi Murray
U.S. 1 South
Waycross, Ga., 31503

Please make checks payable to Okefenokee Swamp Park

