

2008 SFA Camper Application



Centennial Forest

All three pages of the application (plus the scholarship form if applicable) must be submitted for complete registration. Registration confirmation along with detailed information regarding camp guidelines, schedules, etc. will be mailed out to parent/guardian(s) within 14 days of receiving a completed camper registration packet. Fax # (928) 523-1080 Return Address: NAU Centennial Forest, PO Box 15018, Flagstaff, AZ 86011 Questions? Contact: Cheryl Miller: (928) 523-6727 or Cheryl.Miller@nau.edu For more information and to download application forms please go to: www.for.nau.edu

I. Camper's Full Name: _____ Nick Name (if any): _____

Camper's age: _____ Camper's grade: _____ Gender: _____ Current School: _____

Parent/Guardian's name: _____ Emergency contact if parent/guardian(s) cannot be notified:

Address: _____ Name/Relationship: _____

Day Phone: _____ Day phone: _____

Evening Phone: _____ Evening phone: _____

Cell Phone: _____ Cell phone: _____

2. Camp Dates:

Senior Forester Academy, June 23-27 2008

(This program is designed for graduates of the Junior Forester Academy. However, if your child is interested, please contact Cheryl Miller 928-523-6727)

* Campers must be dropped off and picked up by parent or guardian at the NAU School of Forestry unless other arrangements have been made with staff in advance. Morning drop-off will be at 9:00 am on Monday (1st day of camp) and pick up will be promptly at 5:00 pm on Friday (last day of camp). If camper arrives by air, parents must arrange for round-trip air transportation to and from Pulliam Airport in Flagstaff, AZ. For more information please contact the phone number above.

3. The camp may use any photos in which my child appears for purposes of camp promotion: Yes No

4.

Payment: for one-week overnight camp = \$650.00 per session (scholarships are available, please see last page) Please check only one of the following boxes below:

Scholarship: see scholarship form

Check: please make payable to NAU Centennial Forest: Amount enclosed: _____

Credit Card: please fill in your information: Visa or Mastercard Amount: _____

card number: _____ - _____ - _____ - _____ expiration date: _____

name on card: _____ signature of card holder: _____

5. Each camper will receive a free T-shirt.

Please check preferred T-shirt size below:

Adult S M L XL or

Youth M L XL

Additional t-shirts will be available for purchase at \$15 each

6. How did you hear about our program?

Brochure Website Television

Activity Expo Friend Radio

Other (please list) _____

7. 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 Junior Forester Academy.

I have read and agreed to the terms in this application.

Parent/Guardian Signature: _____ Date: _____

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Senior Forester Academy Health Form



Centennial Forest

Please Return Completed Form to Camp with Registration Materials

Camper name: _____

Date of Birth: _____ Age/Grade: _____ / _____

Allergies: none _____ Hay Fever _____ Insect Stings _____ Asthma _____ Food _____

Other Allergies (please explain): _____

Medications Yes No If yes, please list types of medications for your dependent. (Please note that parents will be sent a more comprehensive form for medications in the confirmation packet sent out after the application is received.)

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

Any known health conditions, behavior conditions and/or disabilities? Yes No If yes, please explain and indicate if any assistance or accommodations are needed. _____

Special Diet: _____

Other Restrictions: _____

Immunizations: All Current

Type	Date	Type	Date
Measles		Mumps	
Rubella		Chickenpox	
Tetanus		Hepatitis B	
Diphtheria		Pertussis	
Polio		Other	

Comments:



CONSENT FORM FOR CHILD PARTICIPATION

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

(Please Print)

Child's Name: _____ Age: _____

Parent/Guardian: _____ Age: _____

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

Telephone No.(include Area Code): Home _____ Work: _____ Emergency: _____

NAU Department: **NAU School of Forestry and Centennial Forest**

NAU Program (describe): **NAU Centennial Forest Senior Forester Academy (summer camp)**

NAU Supervisor's Name: **Cheryl Miller**

Date of Program: **Summer 2008**

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 (s) preferred (if possible): _____ Phone: _____

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

Parent/Guardian Signature: _____ Date: _____

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Centennial Forest

Senior Forester Academy Scholarship Application

Thank you for applying to the 2008 Senior Forester Academy. The Centennial Forest is proud to offer scholarships campers who demonstrate financial need. The Centennial Forest will accept scholarship applications up until May 31, 2008. However, submissions by the **earlybird** deadline of **April 15, 2008** increase the probability of receiving a scholarship. The Centennial Forest is offering full scholarships (\$650), half scholarships (\$325) and partial scholarships (\$150). 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. 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 2008 Senior Forester Academy, the Centennial Forest requests the following information:

Camper Information

Name: _____ Age: _____ Grade: _____

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

Parent Information

Mother/Guardian Name: _____ Occupation: _____ Years in occupation: _____

Father/Guardian Name: _____ Occupation: _____ Years in occupation: _____

Household Annual Income: _____ Marital status: Married Single Divorced/Separated Widowed

Dependent lives with: Both Parents Father Mother Guardian Other (please explain) _____

Number of members in family household: _____

Ages of other dependents/grades _____ / _____ / _____ / _____ / _____

Additional Family Income (please indicate total yearly amount):

Social Security _____, Unemployment _____, Disability _____, Veteran's benefits _____,
Medicare/Medicaid _____, AHCCCS _____, Child Support _____, OR other kind of financial aid

Requested Scholarship Amount: Full (\$650) Half (\$325) Partial (\$150) Parent Contribution = \$ _____

(Please note: requested scholarship amount plus parent contribution = \$650.)

Please describe to us, in a few lines or paragraphs, how the dependent will benefit from the Senior Forester Academy and why your family's financial needs justify a (full, half or partial) scholarship for your dependent. (Please use an additional piece of 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 or guardian: _____ Date: _____