



*Centennial Forest Environmental Education Programs*

## **2009 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 [Cheryl.Miller@nau.edu](mailto:Cheryl.Miller@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

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

#### **Junior Forester Academy**

**June 8-12, 2009** (session one)

**June 15-19, 2009** (session two)

#### **Senior Forester Academy**

**June 22-26, 2009**

#### **Outdoor Leadership Academy**

**June 29-July 3, 2009**

#### **Counselor-in-Training: Alumni Only**

**Please choose a week from above.**

#### **Junior Counselor: Alumni from CIT Program Only.**

**Please choose a week from above.**

**\*\* If you would like to attend more than one week of camp, please fill out this first page for each session you would like to attend, and submit with entire registration packet.**

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 will begin 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:

**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:** (T-shirts will be ordered by May 15<sup>th</sup>, all registrants after this date will receive the most appropriate size available.) Additional shirts will be available for purchase at \$15 each.

**Adult Sizes:**

**OR**

**Youth Sizes:**

- Small**
- Medium**
- Large**
- X-Large**

- Medium**
- Large**
- X-Large**

**G. How did you hear about our program?**

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

## 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 Junior Forester Academy. **I have read and agreed 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 will begin at 9AM on Monday (first day of camp) and pick up will be promptly at 5 PM on Friday last day of camp.**

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

***One-week overnight camp: \$650.00 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 fill in the below information

Date	
Name of Credit Card Holder	
Billing Address	
City, State, Zip	
Phone Number	

Total Amount to be Paid	
Description of Transaction	
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Credit Card Number	
CCV or Security Code	
Expiration Date	

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

# Centennial Forest Environmental Education Programs Health Form

**Camper Name:**

**Date of Birth:**

**Age:**

**Immunizations are Current:**  YES  No; if no please contact Cheryl Miller, (928) 523-6727

**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 that 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 JUNIOR FORESTER ACADEMY (SUMMER CAMP)**

NAU Supervisor's Name: **CHERYL MILLER** Date of Program: **SUMMER 2009**

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 2009 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, 2009. However, submissions by the **early bird** deadline of **April 15, 2009** 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 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 2008 Junior Forester Academy, 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 Dependants:

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 (\$650)**  **Half (\$325)**  **Partial (\$150)**

**Parent Contribution \$**

(please note parent contribution plus scholarship equals \$650)

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)**