



2019 REGISTRATION FORM

(229) 248-2000
101 S BROAD STREET
BAINBRIDGE, GEORGIA 39817

Thank you for your interest in the 2019 Oscar Jackson Outdoor Camp! We will be accepting thirty children per camp week who will have the opportunity to observe wildlife and participate in valuable outdoor skill-building exercises during their stay. Each week of camp will be a wonderful opportunity for children to learn life-long talents while also discovering the importance of nature in their community. Please fill out the registration form on the next few pages and submit it to City Hall. To register an additional sibling for the camp, please use the form at the end.

Parents/Guardians: Please provide us with a valid email address. Additional information and a confirmation of your child's enrollment will be emailed to you prior to the start of camp. A complete Camper/Parent Handbook and a detailed schedule of the week's activities will be emailed to this address as well. Please review this handbook with your child before attending camp.

Camper Information

Camper must be between the ages of 7 and 13 by June 3, 2019 to participate in camp activities.

Registration Fee for First Child (for 1 week of camp): **\$140.00**

First: _____ Last: _____

Gender: Male ____ Female ____ Birthdate: ____/____/____ Age (As of June 3, 2019): ____

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

Cell Phone: _____ Social Security Number: ____ - ____ - ____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL

***Registration forms must be turned in by May 24, 2019, to be guaranteed a shirt size for Weeks 1 & 2.**

***Registration forms must be turned in by June 14, 2019, to be guaranteed a shirt size for Weeks 3 & 4.**

Camp Week You Will Be Attending

(Weeks are open to children 7-13)

June 3-7 (Boater Safety Offered) June 17-21 June 24-28 July 8-12 (Hunter Safety Offered)

Campers must be 11 years old by June 3, 2019 to register for the Hunter or Boater Safety courses. Each course is being offered to campers on a volunteer basis only. Boater Safety will be offered on June 3rd, 2019, and Hunter Safety will be offered on July 8th and 9th, 2019. Each course is the equivalent of one full day of camp where your child will be in a classroom setting at the Potter Street Community Center (601 Potter Street). If your child would like to participate in either course, please check yes; otherwise, check no.

Yes No



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Parent/Guardian Information

Parent/Guardian #1

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Cell Phone: _____ Work Phone: _____

We would like to keep you informed during the week! Can we text you? Y / N

Parent/Guardian #2

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Cell Phone: _____ Work Phone: _____

We would like to keep you informed during the week! Can we text you? Y / N

Authorized Pick Up & Emergency Contact Information

The camp will begin at 8:00 a.m. each day and conclude at 5:00 p.m. Early drop off will begin at 7:30 a.m. and late pick up until 5:30 p.m. All children should be dropped off and picked up at the Oscar Jackson Camp at the Boat Basin (909 Cox Avenue). The Oscar Jackson Outdoor Camp staff are authorized to release my child to the individuals listed below upon signing this registration form. I understand that each authorized person must be at least sixteen (16) years old, and that my child will NOT be permitted to leave the camp with anyone not listed below.

My child may be released to the following individuals:

1. _____ Relation: _____ Phone #: _____

2. _____ Relation: _____ Phone #: _____

3. _____ Relation: _____ Phone #: _____



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Medical Release Information

Name of Health Insurance Provider: _____

Policy Number: _____ Family Physician: _____

Address: _____

Phone Number: _____

Please list any allergies/medical problems requiring maintenance medications (i.e. Diabetic, Asthma):

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Submitting the Registration Form

All registration forms and fees for the 2019 Oscar Jackson Outdoor Camp should be submitted to **City Hall at 101 South Broad Street, Bainbridge, Georgia 39817**. Mailed applications can be sent to **P.O. Box 158, Bainbridge, Georgia 39818—Attention: Megan Wimberley**. Make sure that the information included on the registration form is correct and that the registration fee is enclosed.

Note: All checks should be made payable to **The City of Bainbridge**.

Terms of Agreement

The City of Bainbridge is not responsible for lost or damaged property. I give permission for use of my child/children in promotional photographs and/or videos including the camp web page and social media sites utilized by the camp. My child may be interviewed, photographed and/or videotaped by the news media, including newspapers, magazines, television and/or radio for camp community interest stories and advertising. I understand that all scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician's orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. I agree to release and discharge the City of Bainbridge and any of its employees, volunteers and supervisors, from any injuries sustained by my child/children as a result of participation in this program. I agree to indemnify and hold harmless, the City of Bainbridge and any of its employees, volunteers and supervisors, facilities, or use of other facilities against any liability incurred as a result of such injury or loss.

Parent/Guardian Signature

Date



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Sibling Registration

This registration form is for parents who already have at least one child registered for the camp and would like to register a sibling as well. You must sign a separate Camper Information and Terms of Agreement for each child you wish to register. Please fill out the registration form as accurately as possible and submit to City Hall.

Camper Information

Camper must be between the ages of 7 and 13 by June 3, 2019 to participate in camp activities.
Registration Fee for Each Additional Sibling (for 1 week of camp): **\$80.00**

First: _____ Last: _____

Gender: Male ____ Female ____ Birthdate: __/__/__ Age (As of June 3, 2019): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

T-Shirt Size (Circle One): YS YM YL AS AM AL AXL

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***Registration forms must be turned in by June 14, 2019, to be guaranteed a shirt size for Weeks 3 & 4.**

Name of sibling also attending camp: _____

Camp Week(s) You Will Be Attending

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Yes No

Please list any allergies/medical problems requiring maintenance medications (i.e. Diabetic, Asthma):

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Parent/Guardian Signature

Date