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About Us

Our Mission:

“Chehaw inspires people to connect with nature and encourages conservation action through positive recreational and educational experiences.”

Camp Chehaw is a co-ed resident camp for children ages 9-14. Our camp is the perfect place for children to have fun, make lasting friendships and have the experience of a lifetime. Chehaw campers will develop a greater appreciation for the beauty of nature through many traditional camp activities like archery, canoeing, nature hikes, camping excursions, fun games, and arts and crafts.

What sets Camp Chehaw apart from the rest? We have a 100 acre zoo that campers get to visit daily. Not only will campers get to visit the zoo, but go behind the scenes to learn about many different types of animals from around the world.

These adventures in nature and behind the scenes encounters will not only create life long memories, but give children the opportunity to enjoy everything Mother Nature has to offer.

Our Staff:

- Counselors are chosen for two main reasons. Number one, they genuinely care about children and number two, they want to share their appreciation of nature with children through wildlife experiences and nature excursions.
- All counselors go through vigorous pre-camp training to ensure all campers have a fun, safe experience during their stay
- Camp counselors are high school graduates with one or more years of college experience and previous experience as an overnight camp counselor
- Counselors work very closely under the Director of Education and Education Specialists with over 20 years of childcare and camp experience
- All staff members are First Aid and CPR certified
- All Staff members undergo background and drug screening before hire
**Camp Life**

**Camp Groups:**
Campers will be separated by age and maturity into two separate groups for day time activities. Each camp group will have a lead camp counselor, a camp counselor aid, and 2-3 counselors in training. During the evening boys and girls will separate into different sleeping/living spaces.

**Natural Experiences:**
Campers get to experience all that Mother Nature has to offer. Each week campers will go canoeing down the beautiful Muckalee Creek. We will canoe multiple times throughout the week, so no matter what your experience, you will have time to learn or further develop your water skills.

Archery is another staple at Camp Chehaw. Every week campers will learn, practice, and improve on their archery skills through fun games.

During the stay at Camp Chehaw we will go on multiple nature hikes (even night hikes) and learn about the birds, mammals, reptiles, amphibians, and invertebrates of Southwest Georgia. Each day campers will even get to meet and interact with these animals!

**Adventure Time:**
Campers can sign up for day and evening activities, mountain biking, BMX biking, night hikes, and arts and crafts.

The fun doesn’t stop when the sun goes down! We have evening activities each night like campfire stories, talent shows, visits to the Casa de Luna (bat house), animal feedings after hours...such as the alligators, and each week we will play an evening game of glow in the dark capture the flag!

**Wild Zoo Encounters:**
Chehaw’s 100 acre zoo is home to more than 200 animals from around the world like rhinos, cheetahs, and bears Oh My! Every day campers will go behind the scenes to meet one of these animals. While behind the scenes campers will see where they live, what they eat, ask the zookeepers questions, and even interact with the animals.

**Free Time and Games:**
Each day after lunch campers have free time. Campers can use this time to read, nap, write letters or play games (outdoor or indoor). Campers can check out games like checkers, chess, or playing cards that can be used during free time; more active campers can play volleyball, badminton, cornhole, soccer or football during free time.

**Living space:**
Campers will get the unique experience of living in an upscale teepee complete with a comfy cot, a place for clothing and personal items, plus a brand new restroom and shower facilities. Boys and girls will have separate living spaces.
Sample Daily Schedule:

7:00 AM - Wake up
7:15- 8:15- Breakfast and Shower time
8:30- Break into groups
8:45- Group Activity
10:15- Group Activity
12:00- Lunch
1:00- Free Time
2:00- Group Classes
3:30- Crafts or Games
5:00- Animal Encounter
5:45- Dinner
6:45- Evening Activity
8:00- Campfire
9:00- Showers and Quite Time
10:00- Lights Out!

The Beastro and Gift Shop:
The Beastro is Chehaw’s concession stand and will be open every evening. Campers may purchase snacks items and desserts such as chips, candy, ice cream, doughnuts and soda with most items ranging from $0.50- $2.00. Campers will also get a chance to visit the gift shop where they can purchase, T-shirts, hats, keychains, etc. Each camper will receive a cool camp t-shirts and a specialized Camp Chehaw water bottle!

Meals:
Even meals are part of the fun experience, campers will get to customize and make many of their meals. Many meals are created fireside, which means campers will learn new methods of cooking while enjoying friends and fellowship.

If campers do not like the meal served, peanut butter and jelly sandwiches are an option. Please be sure to indicate any food allergies or dietary restrictions on your child’s medical history sheet and remind your child’s counselor during camper check in.

Cell Phones and Communication:
Campers may not bring electronic devices to camp. We believe camp is a great opportunity for children to be independent from their parents, in a safe and supportive environment, for a short period of time. This includes Music Players (iPods, MP3s, etc.), Hand Held Games (DS, PSP, etc.), Cell Phones, Electronic Readers (Kindles, iPads, etc.), Laptops and Radios. As electronic devices have grown increasingly more complex (with features like video, internet access, etc.), we believe they disrupt the camp environment and have the potential to negatively impact the camper’s experience. We would like to campers to bring home pictures of the fun games and activities so cameras are allowed. We recommend a disposable camera.

Camper’s love hearing from you while they are away, encourage parents, brothers, sister, aunts and uncles to write your camper. We recommend sending younger campers with pre-addressed envelopes to make writing easy.

Campers are not allowed to make or receive phone calls, if you feel it is necessary to check on your child’s progress, you may call the camp office, 229-430-3012. A camp counselor will call you back after between 1 and 6 pm. If you child has a problem, illness or urgent message for you the camp staff will call you. Please remember to leave camper cell phones at home. If campers bring a phone they will be turned over camp counselors and returned to campers during check out.
Session Pricing and Policy

Session Length and Pricing and Policy:
Campers can stay for the full session (7 day) or the mini session (4 day). Full sessions are $425 and mini (4 day) are $300. Both sessions include a cool camp T-shirt, a specialized camp water bottle (to help beat the heat), and a WHOLE lot of fun! A non-refundable deposit is required to reserve your camper’s spot. For online registration the remaining balance will automatically be charged to the original card used to make the purchase the Friday before your camper’s session.

For manual registration, payment may be made by credit card over the phone or in person or by mailing check or money order. Important note, if you are mailing a check or money order, please be sure to put the parent’s names, camper’s name and session date(s) payment. Payment is due the Friday before the start of your camper’s session.

Cancellations must be made at least thirty days prior to the start of camp. Cancellations made thirty days prior to the start of camp may receive a full refund minus a $50 cancellation fee. All cancellations made within thirty days prior to the start of camp will receive no refund.

Register online or in person. To register online, start by completing the registration sheets on page 14 and sending your deposit by check, money order or credit card over the phone. Please be sure to call 229-430-3012 and speak with a representative from the Education Department to confirm your registration sheet is completed and the deposit has been received. Remember all required forms are due four weeks prior to the start of camp.

Session Dates
- June 23-26, mini session
- June 23-29, whole week
- July 7-10, mini session
- July 7-13, whole week

Camper Check in and out:
Camper check in for both the full and mini sessions are on Sunday evening at 6 pm. Parents are welcome to help campers set up their living space and visit our campgrounds. Campers will leave for dinner in the zoo at 6:30 pm and at this time parents are asked to say their good byes so that campers can start their adventure. Camper pick up for the mini session is at 6 p on Wednesday evening. Camper pick up for the full session is on Saturday morning at 10 AM.
Parental Guide

Form/Camp Checklist

**All forms are due four weeks prior to the start of camp**

- Health Form Information Sheet (pg 8-11)
- Photo/Social Media Release (pg 12)
- Copy of insurance card in case of medical emergency
- Proof of a Physical within the last 24 months

Health and Safety

General Health Information:
Your camper’s safety is our number one concern. All staff is trained in First Aid and CPR. Throughout the campers’ stay, counselors and other staff watch for signs of fatigue, dehydration, improper eating, etc…that may indicate illness. If a counselor or camper expresses health concern they are escorted to the Director of Education. The Director of Education will contact parents or emergency services as necessary.

Parents will be notified immediately if a child has a fever in excess of 100 degrees, has been vomiting or expresses other serious symptoms. Should a child have a communicable disease, parents will be notified immediately, the camper will be taken to an isolated area to reduce the spread of disease, and parents will be called to pick up their camper as soon as possible.

Accident/Illness & Emergency Treatment:
We take camper health and safety very seriously. In the case of an emergency, you and/or your emergency contact will be notified immediately if your child has a serious accident or illness or requires medical treatment by a physician. Chehaw is located less than 10 minutes from an award winning, comprehensive hospital, Phoebe Putney, http://www.phoebeputney.com/.

Medical expenses incurred (doctor, hospital, prescription, etc.) are your responsibility. Please be sure to provide your insurance information and a copy of your current insurance cards and complete the consent form to provide necessary treatment or emergency care in the Health History and Physical Form.

Dietary Restrictions:
On the Health Form, please indicate dietary restrictions. It is important for us to have this information so that we may inform our guest services department of any special needs. The more notice and information we receive will help us plan more enjoyable meals for you camper. Chehaw will gladly accommodate a vegetarian diet for an additional fee.

Allergies:
Please notify us on the parent information letter and health form if you child has any insect or food allergies.

Medication
You do not need to bring over-the-counter medications such as acetaminophen, ibuprofen, diphenhydramine (Benadryl), Pepto Bismol, or Swimmer’s Ear. Counselors can only distribute medication for minor aches and pains if you specifically give us permission. To give counselors permission to administer medication, please record each medication that you will allow staff members to distribute to campers as needed. If your camper has ear tubes please be sure to bring it to the counselors attention, so that we know not to put Swimmer’s Ear in your camper’s ears.
If you are sending your camper with prescription medication, be sure each medication has the original prescription label. If you are sending your camper with an inhaler, be sure to send the box; most often the prescription label is located on the box. All medication should be properly labeled with your child’s name, name of medication, dosage and time to dispense (breakfast, lunch, dinner, bedtime, or as needed). All prescription medication should be cleared through your camper’s counselor during check-in.

Campers with asthma, or diabetes must be able to properly monitor their physical condition and communicate their condition with their camp counselors. If your camper requires a daily inhaler or monitors and regulates insulin levels be sure to fill out the waiver on page 12. While all campers are welcome and encouraged to attend Camp Chehaw, campers must be able to regulate their own blood sugar levels, administer all insulin injections to themselves, and/or be able to properly use their inhaler.

Please note The Academy of Pediatrics recommends that “Elective interruptions of medications (drug holiday) should be avoided by campers on long-term psychotropic therapy or those on maintenance therapy required for a chronic medical condition” (Pediatrics. 2011; 127 (4): 795)

**Behavior Management**

All staff members participate in an intensive training program that prepares them to deal with all aspects of camp life. We emphasize positive, age appropriate behavior management techniques that guide and encourage children, and at the same time establish clear behavior guidelines and expectations. At all times, staff members are guided by the principle that all children and adults deserve to be treated in a respectful and caring manner. Campers are expected to treat fellow campers and staff with respect and to abide by all camp rules.

These rules, and the consequences for not following them, are shared after dinner on the first night. At that time campers are encouraged to ask questions to ensure clear understanding of the rules. Individuals are held accountable for their actions. Staff members support campers by clearly defining and enforcing expectations and responsibilities. Campers are expected to participate in daily duties such as getting their eating space ready, cleaning their tent, helping to keep our camp grounds clean, and keeping their personal space tidy. When behavior problems continue to arise, parents will be consulted and a plan for behavior management will be developed.

In the event that a camper’s behavior does not improve after all avenues of intervention have been explored, or when one camper’s actions are detracting from the experience of others, the camper will be sent home.

Some actions require immediate dismissal from camp. These actions include, but are not limited to smoking or the use of tobacco products, consumption or possession of alcohol and/or illegal drugs, endangerment to self or others, or threats of endangerment to self or others. Campers sent home because of behavior problems will not be entitled to any refund of fees. Parents will be responsible for all transportation from camp.

The staff of Camp Chehaw is not trained to handle campers who have severe emotional/behavioral issues, demonstrate violent/aggressive behavior or who routinely violate rules and policies. If your child has severe behavioral challenges, we can refer you to programs designed to accommodate these special needs.
### Packing List

The following packing list is intended to be a guide to help you pack for a one week stay at camp. Please clearly label all of your camper’s belongings with full name. Please check lost and found before leaving camp. All Lost and found is kept until August 31st and then donated to charity. Please see the dress code below, for specific clothing guidelines.

<table>
<thead>
<tr>
<th>6-7 pairs of Shorts</th>
<th>Baseball cap/hat</th>
<th>Personal toiletries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pairs of pants</td>
<td>3-4 pairs of pajamas</td>
<td>Comb or brush</td>
</tr>
<tr>
<td>6-7 -shirts</td>
<td>7 pairs of underwear</td>
<td>Flashlight</td>
</tr>
<tr>
<td>2 sweatshirt/hoodies</td>
<td>6 pair of socks</td>
<td>Bug Spray</td>
</tr>
<tr>
<td>2 pairs of sneakers</td>
<td>Rain Jacket or Poncho</td>
<td>Sunscreen (spf 30 or above)</td>
</tr>
<tr>
<td>1 pair of shower shoes &amp; 1 pair of closed toed water shoes</td>
<td>Sleeping Bag</td>
<td>Sunglasses</td>
</tr>
<tr>
<td>Shower/bathing suit cover up</td>
<td>Pillow</td>
<td>2 swimsuits</td>
</tr>
<tr>
<td>Sandals with backs</td>
<td>4 towels (swimming &amp; bathing)</td>
<td></td>
</tr>
</tbody>
</table>

**Optional**

<table>
<thead>
<tr>
<th>Binoculars</th>
<th>Books</th>
<th>Frisbee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card games</td>
<td>Pre-addressed envelopes</td>
<td>Glow sticks</td>
</tr>
</tbody>
</table>

**Dress Code**

Camp Chehaw life is informal! Be sure to pack comfortable clothes (the kind that you can afford to lose or don’t mind getting dirty). **Please do not send campers with expensive or irreplaceable items!!**

**Shorts:** All shorts must be mid-thigh or lower

**Swimsuits:** Girls swimsuits must be a one piece or a tankini, low cut swim suits are not allowed. If swim attire is deemed inappropriate, campers may be instructed to wear clothing over their swim suits. Girls are required to wear shorts over swim suits, exercise or jogging shorts are recommended.

**Shower/bathing suit cover up:** Must be mid length and have sleeves

**T-shirt Content:** All t-shirts will be appropriate for all ages and free of drug, alcohol references or paraphernalia
This Form must be completed and returned to Camp Chehaw the Wednesday before your camper’s session. Any camper without this form on file will not be able to attend.

Camper Name: _____________________ Birthdate:___________  Age at Camp:_________

Best phone number(s) to reach parent or guardian while child is at camp:
Name (1): _____________________ Number: ______________________________
Name (2): _____________________ Number: ______________________________

Custodial Parents/Guardian

<table>
<thead>
<tr>
<th></th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>Address</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>Occupation</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>Home Phone</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>Day Phone</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>Email</td>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

Emergency Contact if parents are not available : _____________________ Phone: ____________________
Relationship: _____________________ Address: _____________________

Name of Family Physician _____________________ Phone: ____________________
Address: _________________________________

Name of Family Dentist: _____________________ Phone: _____________________
Address: _________________________________

**Insurance Information**

Is your camper covered by family medical/hospital insurance?  Group # ____________________
Name of Insurance Carrier: _____________________ Member No. ____________________
Prescription Insurance Carrier : _____________________ Member No. ____________________
Health History
This information will provide our staff the background to provide appropriate care for your camper. Please note, answering yes or no to any question does not disqualify a camper from attending, it simply gives our staff the information needed to take the utmost care of all campers. Any changes to this information should be provided to the camp staff upon arrival at camp.

<table>
<thead>
<tr>
<th>General Health Questions</th>
<th>Yes</th>
<th>No</th>
<th>Explain “Yes” answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any recent injury or infectious disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any chronic or reoccurring illness/condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every been hospitalized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have frequent headaches</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had a head injury</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wear contacts, glasses or protective eye wear</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had frequent ear infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently have tympanostomy tubes (ear tubes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever been knocked unconscious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever passed out during/after exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had chest pains during/after exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had high blood pressure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosed with heart murmur</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had a history of bedwetting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had problems with joints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any orthodontic appliance at camp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any skin problems (itch/rash)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had mononucleosis in the past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any diarrhea/constipation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had any eating disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had back problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any problems with sleep walking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any abnormal menstrual history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever had emotional problems needing professional help</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Camper Name: ____________________

Is there any additional information your camper’s behavior, physical, emotional, or mental health we should be aware of? ____________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

List any recent illnesses or injuries.
Please bring a written physician’s clearance/release for all camp activities
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Does your camper take medication during the school year, but not during the summer? ____________
If yes, what is the medication used for? _________________________________________________________
__________________________________________________________________________________________

Which of the following diseases have you had or been immunized for?
____ MMR   _____Hepatitis A  ____Hepatitis B  ____Polio  ____Chicken Pox (Varicella)

Date of last Tetanus Booster ____________________________
(check with your physician to make booster is current)

Please list all known allergies. Describe reaction and management of reaction.
Medical Allergies__________________________________________________________
__________________________________________________________________________________________
Food Allergies _____________________________________________________________
__________________________________________________________________________________________
Other Allergies (insects, stings, hay fever, asthmas, animal, etc.) ____________________________
__________________________________________________________________________________________

Restrictions: List any activity restrictions (please list any physical limitations and adaptations necessary)
__________________________________________________________________________________________
__________________________________________________________________________________________

Dietary Restrictions- Please list all known dietary restrictions:________________________
__________________________________________________________________________________________

As noted in the Camp Chehaw Information Packet, all dietary restrictions should be discussed with the Education Coordinator before registration. Note most special dietary restrictions can be accommodated, but require an additional fee of $5 per Day.

Medications to be administered at camp (name, dosage and frequency) _______________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please list any over the counter medication counselors have permission to administer to your child:
__________________________________________________________________________________________
Camper Name: ____________________

**Health Care Notification Policy**

PARENTS, please make sure we know how to contact you during your child’s stay. If he or she becomes ill or injured, our staff will make every effort to contact you by phone, using the phone numbers provided in your application and on this health form. If we are unable to reach you, we will treat/seek medical treatment as outlined on this health form.

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**Prescription Medication, Asthma Inhaler, Epi Pen, and Insulin Medical Authorization**

I, ____________________________ give my child, _____________________ permission to carry and use if necessary his/her inhaler, medication/epi-pen, or insulin. I further understand what medication my child is taking, the frequency, and what is prescribed in the above medical release is correct. By signing below, I acknowledge that my child is fully knowledgeable and capable of independently administering his/her medication properly while at camp and I have instructed my child to seek adult help if he/she experiences symptoms of asthma, irregular blood sugar levels, or an allergic reaction following self-administration of the prescribed medicine.

<table>
<thead>
<tr>
<th>Parent Name (Print)</th>
<th>Parent Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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**Important Medical Authorization**

This medical information is correct to my knowledge and the camper has permission to engage in all prescribed camp activities, except at noted.

**Emergency Authorization:**

I give permission to the staff at Camp Chehaw to provide routine medical care and dispense medications listed in the above form as required. Should an emergency arise, I give permission to camp personnel to order X-rays, routine tests, and treatment for my child. In the event I cannot be reached in emergency, I give permission to the Education Coordinator to secure and administer treatment, including hospitalization and to order injection and/or anesthesia and/or surgery. This completed form may be photocopied for use out of camp.

Signature of Parent/Legal Guardian: ________________________ Date: ________________

Printed Name: ________________________________________________

I understand and agree to abide by any restrictions placed on my participations in camp activities:

Signature of Camper: ___________________________ Date: ________________
Liability and Media Waiver

Chehaw is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Parks at Chehaw strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in this program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the program.

Release of Liability
I recognize and acknowledge that there are certain risks of physical injury to participants in this program. I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have against the Chehaw Park Authority dba the Parks at Chehaw (hereinafter referred to as the Park Authority) and its officers, agents, volunteers and employees as a result of participation in this program.

I do hereby fully release and discharge the Park Authority and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program. I further agree to indemnify and hold harmless and defend the Park Authority and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of this program.

Authorization
In the event of any emergency, I authorize the Park Authority to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I authorize the Park Authority to use my child/ward’s photograph or video in a variety of traditional and social media sources including but not limited to, Facebook, Twitter, Youtube on behalf of the Chehaw Park Authority.

Acknowledgement of Cancellation Policies
I understand that all cancellations must be made at least thirty days prior to the program date to receive a refund and that a $50 cancellation fee will be deducted from that refund.

I understand that no refund will be given if I or my minor child/ward is asked to leave the program for violating policies and/or not following safety rules and instructions.

I understand that programs with insufficient enrollment may be cancelled and that, in such a case, I will be notified prior to the program date and will receive a full refund.

I, the undersigned, have read and fully understand the above Release Form: Release of Liability, Authorization, andAcknowledgement of Cancellation Policies and assert that I have legal authority to sign this document on behalf of myself or my minor child/ward.

_____________________________________________________
Name of Participant

_____________________________________________________
Signature of Participant (or parent/guardian)            Date
Resident Camp Registration

Registrant Information

Name: ________________________________________________________________

Age: _______  Birth date: ________________  T-shirt Size: __________________

Home Address: ____________________________________________________________________

City: ______________  State: _____  Zip Code: ______________________

Home Phone Number: ____________________________________________________________

Parent Information

Name: ___________________________________________________________  Are you a Member?: (Yes/No)

Email Address (required): ____________________________________________

Daytime Phone: (______) - ______  Cell Phone: (______) - __________

Session Information

Session Date(s): ________________________________

Total Amount Due = $ _______

__________________________________________________________________________

Staff Use Only

<table>
<thead>
<tr>
<th>Amount Paid</th>
<th>Tender Type</th>
<th>Date Paid</th>
<th>Staff initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposit- $100</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form’s received:

_____ Health Info/Medical Auth.  _____ Physical from Doctor

_____ Copy of Insurance card  _____ Social Media Release

Chehaw Education Department, 105 Chehaw Park Rd. Albany GA, 31701

jentz@chehaw.org, 229-430-3012, 229-430-3035 (fax)
Year Round Staff Contact Information

Chehaw (Park Line)
229-430-5275
229-430-3035 (fax)
105 Chehaw Park Rd.
Albany GA, 31701

Jackie Entz
Director of Education
jentz@chehaw.org
229-430-3012 (direct line)
229-430-3035 (fax)

Don Meeks
Executive Director
dmeeks@chehaw.org
229-430-5279
229-430-3035