

Brackenridge Nature Camp

June 2022 at Brackenridge Recreation Complex in Edna, Texas

Participants Name:	Please circle age: 9 10 11 12
Mailing Address:	City, State, Zip:
Parent/Guardian:	E-Mail:
Home/Cell Phone:	Work Phone:

I hereby give permission for my child to participate in the Brackenridge Nature Camp. My child agrees to follow the Brackenridge Recreation Complex Youth Program Code of Conduct while at camp. I understand that once enrolled, no refunds will be offered.

Parent/Guardian Signature: _____ Date: _____

Camp Information:

- There will be 12 spots available per session, due to limited spots participants can only attend 1 camp per summer. Spots are only reserved once registration forms and fees are received.
- Parents and guardians will be responsible for transportation to and from camp.
 - The following people are authorized to pick up my child from camp:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

- Participants are not to arrive at camp before 8:30 a.m. each morning.
- \$80.00 per camp / additional siblings **\$55.00 per camp**.
- Scholarships may be available. Please contact Cammie Pearson, Recreation Manager at (361) 782-5229.
- Snacks and drinks will be provided during camp, but campers must bring their own sack lunch.
- Participants need to bring: closed toe shoes (no flip flops or sandals), hat, sunscreen, sunglasses (optional), lunch, old shoes that can get wet and muddy. Other supplies may be required depending on which session your child will attend. Supplies will be listed in the confirmation letter sent prior to camp.

X	Camp Sessions	Time	Location	Cost
	June 7-9: Outdoor Sports Camp	Tue. – Wed. 9:00 a.m. – 3:00 p.m. Thurs. 9:00 a.m – 6:00 p.m	Texana Community Education Center	\$80
	June 14-16: Fishing Camp	Tue. – Wed. 9:00 a.m. – 3:00 p.m. Thurs. 9:00 a.m – 6:00 p.m	Texana Community Education Center	\$80
	June 28-30: Outdoor Skills Camp	Tue. – Wed. 9:00 a.m. – 3:00 p.m. Thurs. 9:00 a.m – 6:00 p.m	Texana Community Education Center	\$80
	Camp T-Shirt	Please circle size: YXS YS YM YL AS AM AL AXL		

Please return this form, the BRC Youth Program Code of Conduct, Medical Release Form and Liability Release Forms with payment in person to the Texana Community Education Center or by email at cec@LNRA.org. For additional questions, please call 361-782-2070.

Office use only:

Date Received	Received By	Amount Received	Confirmation Sent

Brackenridge Recreation Complex Youth Program Code of Conduct

Purpose

The purpose of the Brackenridge Recreation Complex Youth Program (BRC YP) is the positive development of youth. We believe in creating a fun and safe environment that encourages youth to spend time outdoors with nature. We expect all persons involved in the Brackenridge Recreation Complex Youth Program to practice behaviors that foster this purpose.

In order to provide the best camp experience for your child, we ask that prior to registrations, you consult with the camp director regarding any special needs of your child. Due to the fact that there are some medical or behavioral circumstances that our staff is not trained nor qualified to perform, children will be enrolled on an individual basis. We will make every attempt to serve all children.

Code of Conduct

- Participants are encouraged to attend all program sessions. Participants should engage themselves in the activities being made available as part of the BRC YP.
- Participants are expected to arrive prior to the start time and be picked up at the end of the day.
- Participants are asked to remain at the program through entire session. If a participant should need to leave early, only those designated on the registration form may pick up the participant.
- Participants are expected to respect and follow the directions of the program director, staff and volunteers.
- Participants should respect the property of others and be responsible for themselves and their own property. Deliberate destruction or damage of facilities or equipment will not be tolerated. Financial responsibility for any damages caused by deliberate action will be assumed by the participant and/or the participant's parents/guardians. The same applies to the property and personal items of other participants.
- Participants should dress appropriately based upon the guidelines established.
- Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at BRC YP.
- Animals and pets should be left at home unless needed to accommodate a disability.
- Cell phones will be allowed at BRC YP. If the phone become a distraction, the device may be taken up and returned to the participant at the end of the program day.
- Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by the program director, will be addressed at the end of the day.

Consequences

Unacceptable behavior during a Brackenridge Recreation Complex Youth Program will result in consequences to the participant. Consequences may include:

- Early release from a BRC YP daily session.
- Removal of participant from the current year's program.
- Denial of future participation in BRC YP.

I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the program and pick up my child, at the request of the program director.

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

Parent's Release of Liability, Hold Harmless Agreement and Acceptance of Risks

In consideration to participate in any way in the Brackenridge Recreation Complex Youth Programs, I, represent that I am the participant's parent and/or legal guardian and that I understand the nature of the activities and the participant's experience and capabilities and believe that participant to be qualified to participate in the registered activities.

I understand that there are inherent risks associated with the registered activities and conditions that might be considered dangerous to my minor child at the complex which may include hazardous snakes and insects, depth and temperature of water, weather conditions, and the use of sporting equipment, including but not limited to paintball guns, fishhooks, canoes, and kayaks.

In consideration for my minor child being allowed to participate in Brackenridge Recreation Complex Youth Programs, I, for myself and on behalf of my heirs, assigns and personal representatives, and next of kin, hereby release Brackenridge Recreation Complex, Lavaca-Navidad River Authority and any partnering organizations or individuals from all liability, claims, demands, losses or damages (whether to person or property), whether caused in whole or in part by the negligence of the indemnified party. I further release Brackenridge Recreation Complex, Lavaca-Navidad River Authority and any of the partnering organizations or individuals from any liability regarding transportation of my child during participation in these programs.

By signing this agreement, I acknowledge that I have read and fully understand the terms of this agreement and have signed it freely and without any inducement and assurance of any nature and intend the release and indemnity contained herein to be a complete and unconditional release of and indemnification against all liability to the greatest extent allowed by law. I agree that if any portion of the agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parent/Guardian Signature: _____ Date: _____

Parent's Photo Release

I give permission and consent for _____ (insert minor's name) to allow photographs to be taken during the Brackenridge Recreation Complex Youth Program activities. I further give permission and consent that any such photography may be published and used by Brackenridge Recreation Complex and its agents, to illustrate and promote the youth program experience at the Brackenridge Recreation Complex.

Parent/Guardian Signature: _____ Date: _____

COVID-19 Release Form

I acknowledge that the Brackenridge Recreation Department is taking reasonable measures to prevent the transmission of COVID-19 consistent with applicable public health guidelines. I also acknowledge and recognize that it is impossible to ensure that the camp is 100% free of COVID-19 and that being at the camp contains innate risks that cannot be eliminated regardless of the care taken to avoid the spread of COVID-19.

I acknowledge, understand, and appreciate that these and other risks are inherent in participating in the summer camp.

Parent/Guardian Signature: _____ Date: _____

Medical Release Form

Instructions: A parent/guardian must complete this form for the camper. Attach any additional needed information, including a copy of health insurance cards, or other needed information. If your camper has any special conditions, needs, or limitations, you must speak with the Camp Director before being accepted into the camp program.

Camper Information

Name: _____ DOB _____

Mailing Address: _____

Emergency Contacts

Custodial Parent/Guardian: _____

Relationship to Camper: _____

Home Phone _____ Work Phone _____ Cell _____

Second Parent/Guardian: _____

Relationship to Camper: _____

Home Phone _____ Work Phone _____ Cell _____

Medical Insurance

This camper is covered by health/accident insurance or Medicaid. YES ___ NO ___

Insurance Carrier/Plan Name: _____ Policy Number _____

Primary Care Provider: _____ Phone _____

Allergies:

Does this camper have allergies: YES ___ NO ___

This camper is allergic to: ___Food ___ Medicine ___the environment (hay fever, insect stings, etc.) ___Other

Please list allergies and describe previous reactions: _____

Allergy Emergency Medications:

Does this camper have allergy medication: YES ___ NO ___

Medication Name	Amount/dose	Route (ex: inhaled)	When it is Given
Benedryl/ Diphenhydramine			
EpiPen/ epiPen Jr.			

YES ___ NO ___ This camper will bring allergy medication but does not need to have it nearby at all times. Medication may be stored in the camp office.

YES ___ NO ___ This camper will bring allergy medications and must have it nearby at all times.

YES__ NO__ This camper has been trained to administer his/her own EpiPen.

YES__ NO__ This camper recognizes the onset of an allergic reaction and can notify a camp staff member if symptoms occur

YES__ NO__ This camper has a history of having allergic reactions but does not realize when they are having one. Please call the camp director to discuss further.

Asthma Emergency Medication:

Does this camper has asthma medication. YES ____ NO ____

Medication Name	Amount/dose	Route (ex: inhaled)	When it is Given

YES__ NO__ This camper will bring asthma medication to camp but does not need to have it nearby at all times. The medication may be stored in the camp office.

YES__ NO__ This camper will bring asthma medication to camp and should have it nearby at all times.

Medication:

Does this camper take any medication on a regular basis YES____ NO ____

List all medication taken on a daily basis. Does medication need to be given while the child is at camp.

Will the camper require limitations or restrictions to activity while at camp? YES__ NO__

If "Yes", what limitations/restrictions do you recommend? Attach additional information if needed.

Insect Repellant:

May the camp staff apply insect repellant to your child. Yes ____ No____

To better care for your camper: Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think is important or that may affect the camper's ability to participate in the Camp program (shyness, learning style, etc.).
