JOIN THE FUN AT
GO-CUB-WILD
SUMMER KID’S CAMP

$50 Registration Fee
Deadline: Extended until all spots are filled

GRADES 1ST, 2ND, & 3RD
Drop Off 7:30am
Pick Up 11:30 am
at Shivers Gym

GRADES 4TH, 5TH, & 6TH
Drop Off 1:00
Pick Up 5:00
at Shivers Gym

CAMP will begin on JUNE 20, 2016 & end on JUNE 23, 2016

For Registration Form & Details, please contact Makayla C. McNease (mdcooper@prcc.edu) 601-403-1340.
Dear Parent(s) or Legal Guardian(s):

Thank you for having an interest in Pearl River Community College’s Summer Day Camp (Go-Cub-Wild Kid’s Camp) for youth. Below you will find basic information that will help you prepare your child for camp. In order for your child to participate in this camp, you need to complete and turn in the registration packet along with the $50 non-refundable registration fee. Registration packets may be mailed or hand delivered to the PRCC Development foundation.

Please mail or hand-deliver the registration packet and payment to the following address:

Pearl River Community College
Development Foundation, PO Box 5389
Poplarville, MS 39470
Checks made payable to:
PRCC Development Foundation
Memo: Kids Camp

You will receive a confirmation letter after the registration packet and payment has been received. Please keep this confirmation letter for your records as a receipt. Camp capacity is 150 per each camp. Once the camp capacity is reached, all other registrants will be listed on a ‘wait-list’ and will be called according to the list ranking if openings present themselves.

**MORNING CAMP-Grades: 1st, 2nd, and 3rd (Students entering the 1st, 2nd, and 3rd grade)**

Camp begins Monday, June 20, 2016 and ends Thursday, June 23, 2016.

Participant drop off will be from 7:30 a.m. to 8:00 a.m. at Shivers Gym located on the Pearl River Community College Poplarville campus. Parking will be available in Seal Hall parking lot located across from White Coliseum. Camp activities will take place from 8:00 a.m. until 11:30 a.m. Pick-up will commence at 11:30 a.m. and last until 12:00 p.m. Parents must report to pick-up table at Shivers Gym to sign in/out participants. There will be a late fee assessed if the child is not picked up during the designated pick up times.

**EVENING CAMP-Grades: 4th, 5th, and 6th (Students entering the 4th, 5th, and 6th grade)**

Camp begins Monday, June 20, 2016 and ends Thursday, June 23, 2016.

Participant drop off will be from 1:00 p.m. to 1:30 p.m. at Shivers Gym located on the Pearl River Community College Poplarville campus. Parking will be available in Seal Hall parking lot located across from White Coliseum. Camp activities will take place from 1:30 p.m. until 5:00 p.m. Pick-up will commence at 5:00 p.m. and last until 5:30 p.m. Parents must report to pick-up table at Shivers Gym to sign in/out participants. There will be a late fee assessed if the child is not picked up during the designated pick up times.
**FOOD & WATER**
Breakfast/lunch will NOT be provided, so please ensure your child has a well-balanced breakfast/lunch prior to arriving to camp. We will discuss healthy eating choices during camp, encouraging youth to eat well-balanced, nutritious meals. Please be sure to send healthy snacks with your child.

**ATTIRE**
Children will need to wear athletic shirts, athletic shorts, and athletic shoes. Close-toed shoes ONLY. Unfortunately, your child will not be allowed to participate if they are not wearing appropriate shoes.

**ITEMS TO BRING TO CAMP EVERYDAY**
- Sunscreen
- Healthy snack
- Refillable water bottle (water stations available)
- Close-toed athletic shoes

**BEHAVIORAL EXPECTATIONS**
Since this is a structured and educational recreation camp, youth are expected to treat each other, staff, camp equipment, and the public with respect. Our goal is to provide campers with a physically and emotionally safe atmosphere. Inappropriate behavior will not be tolerated. Physical bullying (i.e. pushing, hitting, fighting) and emotional bullying (i.e. name calling, teasing, put downs, racial/ethnic slurs) will not be tolerated. Remarks or physical contact of a sexual nature will not be tolerated. Behavior mentioned above will be grounds for immediate dismissal from the camp, whether it is directed towards other campers, camp staff, or the public. Campers that are the target of such behavior must inform camp staff of the incident immediately. Behavioral guidelines are to be followed at all times regardless of the location of the activities. If a child is expelled from camp, the child may not return to camp, and there will be no registration refunds. In cases where there are major behavioral issues, the below sequences will take place:

<table>
<thead>
<tr>
<th>MAJOR BEHAVIORAL CONSEQUENCES</th>
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<tbody>
<tr>
<td>1st Offense – Warning</td>
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<tr>
<td>2nd Offense – Time Out</td>
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<tr>
<td>3rd Offense – Expulsion (Parent Pick-Up)</td>
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We look forward to having your child join us. If you have any questions, please do not hesitate to give us a call. We promise to make your child’s experience at WILDCAT WELLNESS Go-Cub-Wild Kid’s Summer Camp happy and fun!

Respectfully,

Dr. Tara Rouse, Camp Director or Makayla Cooper, Fun Leader Director
601.403.1342 | trouse@prcc.edu 601.403.1340 | mdcooper@prcc.edu
Parent/Guardian Name_______________________________________________________________

Parent/Guardian Address________________________________________________________________
_________________________________________________________________________________

City __________________________ State ___________________________ Zip_________________

Phone Numbers: (Home) ___________________ (Cell) ________________ (Work)_____________

Email(s): __________________________________________________________________________
_________________________________________________________________________________

Child Name (1) ___________________ Gender: F_____ M_____  
Entering Grade______________ Age_______ Date of Birth________________________

Child 1: T-Shirt Size (please circle one): Youth Size S M L - Adult Size S M L XL

Child Name (2) ___________________ Gender: F_____ M_____  
Entering Grade______________ Age_______ Date of Birth________________________

Child 2: T-Shirt Size (please circle one): Youth Size S M L - Adult Size S M L XL

Child Name (3) ___________________ Gender: F_____ M_____  
Entering Grade______________ Age_______ Date of Birth________________________

Child 3: T-Shirt Size (please circle one): Youth Size S M L - Adult Size S M L XL

Child Name (4) ___________________ Gender: F_____ M_____  
Entering Grade______________ Age_______ Date of Birth________________________

Child 4: T-Shirt Size (please circle one): Youth Size S M L - Adult Size S M L XL

Please inform camp personnel at time of check in of any special circumstances regarding the participant’s pick up arrangements.
Confirmation of Understanding

As a parent/guardian, I agree to all of the below. Please initial each line and sign below.

________ I understand that action photographs will be taken at camp and understand that my child may be in those photos during activities.

________ I further give permission and consent that all such photographs may be published and used by PRCC’S WILDCAT WELLNESS Go-Cub-Wild Kid’s Camp, Pearl River Community College, and Blue Cross & Blue Shield of Mississippi Foundation and affiliates to illustrate and promote the camp experience, PRCC’S WILDCAT WELLNESS Go-Cub-Wild Kid’s Camp, PRCC camp programs, or Pearl River Community College.

________ I understand that if my child misbehaves, immediate dismissal will occur, and I will be required to pick my child up immediately and not receive a refund in any manner.

________ I also understand that this camp is a fee-based service provided by Pearl River Community College in cooperation with the Healthy Campus /Community Wildcat Wellness Initiative and the Blue Cross & Blue Shield of Mississippi Foundation in an attempt to provide Pearl River area youth an opportunity to develop lifelong recreation skills and physical activity habits.

________ By NOT signing this confirmation of understanding and all above initialed areas, I fully understand that my child WILL NOT participate in PRCC’S WILDCAT WELLNESS Go-Cub-Wild Kid’s Camp.

Signed (Parent/Guardian): ____________________________ Date: ________________
Waiver and Release of Liability

Pearl River Community College (INCLUDING ITS AGENTS AND EMPLOYEES) (THE “COLLEGE”) IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY, DEATH OR LOSS OF PROPERTY YOU MAY SUFFER WHILE PARTICIPATING in the Pearl River Community College RECREATION OUTDOOR RECREATION PROGRAM. In consideration of my participation, I, in advance and by my signature below, release, waive, forever discharge, and covenant not to sue or otherwise file any formal claim against Pearl River Community College, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the “Releasees”), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the activity, or any adjunct to the activity, occurs or is being conducted, and from any present and future claims of any type.

I, _________________________________  as the PARENT/GUARDIAN agree to allow:

(1) _______________________________________________________________________________  (Youth full legal name)
(2) _______________________________________________________________________________  (Youth full legal name)
(3) _______________________________________________________________________________  (Youth full legal name)
(4) _______________________________________________________________________________  (Youth full legal name)

to be a willing participant in PRCC’S WILDCAT WELLNESS Go-Cub-Wild Kid’s Camp and ensure my child will act in a responsible/safe manner under direction of PRCC’s WILDCAT WELLNESS personnel while at the PRCC’S WILDCAT WELLNESS Go-Cub-Wild Kid’s Camp.

Please initial each line before each paragraph after reading and understanding.

_____ I understand that my child may be exposed to risks and hazards inherent to the aforementioned activity and that there are dangers involved that cannot be fully foreseen or controlled by Pearl River Community College employees and student workers. I acknowledge that no one can warn me of all of the dangers associated with the aforementioned activity and that the responsibility is upon me to investigate any activity, hazard, or thing which may be dangerous or that I do not understand. By signing below, I agree that my child will follow all instructions and guidelines at all times for everyone’s safety, and willingly assume the risks and responsibilities that are involved in order to participate in this activity.

_____ I agree that my signature denotes my child’s affirmation to abide by all state, local and federal laws as well as the PRCC Code of Student Conduct, PRCC policies and procedures, and any applicable rules, regulations, policies and procedures of the host agents/agencies.

_____ I understand that I am solely responsible for assessing whether my child’s skills, equipment and level of physical and mental fitness are adequate for participation for this activity. I represent that I have full knowledge of my child’s skills, equipment and level of physical and mental fitness necessary for participation on this trip and that I meet or exceed these requirements.
I understand the outdoor recreation activities may be physically and emotionally challenging. I assume the risks of my child's personal injury, accidents and/or illness, including but not limited to sprains, strains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions and/or contusions; dehydration, oxygen shortage; exposure or weather-related conditions; heat and cold injuries; head, neck and/or spinal injuries; bite by insect; allergic reaction; shock, myocardial infarctions, paralysis or death; and serious injury or impairment to other aspects of my body and general health and wellbeing. I understand that equipment may fail, and such failure could contribute to my injury or death. I understand that the aforementioned list of possible hazards and risks is not inclusive. My participation in this camp is completely voluntary and is undertaken in spite of the hazards and risks involved.

I give permission for the activity leaders to seek emergency medical, rescue or evacuation services for me should my child become injured or ill with the understanding that I am responsible for any expenses incurred. I fully understand that Pearl River Community College does NOT provide any medical insurance coverage for my child while participating in this activity. I also realize that my child/children be attended to by the activity leaders until medical care is available. I understand and agree that Releasees will not have medical personnel available during the activity. I understand and agree that Releasees, including PRCC personnel and representatives, are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any costs, expenses, injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant not to sue (or otherwise file any formal claim against) the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in this Camp.

Furthermore, in consideration of Releasees allowing ______________________ (name of child) to participate in these activities. I/we do agree to hold Releasees and indemnify it and its directors, agents, officers and employees against loss (including reasonable attorney’s fees) from any and all claims of ordinary negligence, demands, rights, or causes of actions of any kind or nature that may hereafter at any time be made or brought by me on behalf of ______________________ (name of child), or by ______________________ (name of child) for any known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by ______________________ (name of child) as a direct or indirect result of participating in the aforementioned activities at Pearl River Community College. I further agree that this Release shall be construed in accordance with the laws of the State of Mississippi. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

CAUTION: READ BEFORE SIGNING

By signing below, the undersigned acknowledge that I/we understand that I/we are entitled to have an attorney of our own choosing to review the release prior to signing. I/we have read the foregoing release I/its entirety and understand the I/we are signing a complete and perpetual release and bar to any and all claims of negligence as defined above resulting from the participation of ______________________ (name of child) in the activities described at Pearl River Community College.

Witness our signatures as of the ___ day of ____________, 20__.

__________________________________  __________________________________
Parent or Guardian                   Parent or Guardian
EMERGENCY CONTACT

THIS PERSON SHOULD BE SOMEONE WHO HAS THE LEGAL AUTHORITY TO MAKE A DECISION FOR YOUR CHILD IN THE EVENT OF AN EMERGENCY.

Name: ___________________________________________ Relationship: ____________________

Emergency Contact Cell ( ) ________ Work ( ) ___________ Home ( ) ____________

Family Physician: ________________________________________________________________

Health Insurance Carrier: _________________________________________________________

Health Insurance Phone # _____________________ Policy#__________________

Please list any special services your child may require including:

Medications: _______________________________________________________________________

(Include what, when to take, how to take, symptoms, and how to manage medication)

Prescriptions: ______________________________________________________________________

(Include name of medicine, when to use, how to use, and how to store meds)

Known Behavioral Concerns: _________________________________________________________

(Include any diagnosed behavior syndromes, illnesses, or issues, how to deal with thee, and any prescribed modification techniques currently used)

Food Allergies: _____________________________________________________________________

(Include name of any and all allergies, how to deal with them and how to handle an emergency)

Other: _____________________________________________________________________________

-END-