

Jefferson Memorial Forest Summer Camps 2019

CAMPS

Adventure Camp Ages 7-12 • June 10-14	Adventure Camp Ages 7-12 • July 15-19
Wilderness Survival Camp Ages 7-12 • June 17-21	Wilderness Survival Camp Ages 7-12 • July 22-26
Water Wonders Ages 7-12 • June 24-28	Fairies, Trolls & Gnomes Ages 7-10 • July 29-Aug 2
ECO Extreme Ages 13-15 • July 8-12	Locust Grove Camp Ages 7-12 • July 29-Aug 2
Fairies, Trolls & Gnomes Ages 7-10 • July 8-12	

Registration and Payment

Price includes all camp supplies and field trip admissions. Registration forms can be mailed with check or credit card information to Jefferson Memorial Forest, PO Box 467, Fairdale, KY 40118.

Reservations cannot be made over the phone. Make checks payable to Jefferson Memorial Forest. Include the session dates your child is attending on the check. Refunds, less a \$25 processing fee, are given only if a cancellation is made in writing at least 2 weeks prior to the first day of camp.

If a camp is filled or cancelled, a full refund will be made to you. All camps are subject to maximum and minimum enrollment requirements.

Payment Options

Prices include all supplies and admission for field trips. To guarantee your child's spot you may pay with a check through the mail, or pay in person by cash, check or credit card at the Forest Welcome Center.

Make checks payable to Jefferson Memorial Forest. Include the session dates your child is attending on the check.

Refunds

A cancellation must be received in writing no less than 2 weeks prior to the first day of camp. A refund (less a \$25 processing fee) will be



made. If the camp is cancelled by Louisville Parks and Recreation, a full refund will be made.

Refunds cannot be made due to weather. Forest Staff will make additions, omissions, and or adjustments to the schedule in the interest of group safety, well-being, and minimum staffing requirements.

Special Requests

If you would like your child to be grouped with a sibling or friend, please indicate this on the registration form. This cannot be guaranteed if the children are in different age groups or if space is not available.

Also note that Campers are grouped as follows: Ages 7-9 and Ages 10 -12. This allows for an

optimum learning experience.

Special Needs

It is the intent of Louisville Parks to make all facilities accessible to individuals with disabilities; if an accomodation is necessary for your participation, please advise us of the needed service in advance. Call 502/456-8148 (voice) or 502/456-8183 (TDD).

Mail your summer camp check
before April 14 and save 10%!



First Day of Camp

Campers must be checked in by a parent or legal guardian on the first day of camp. A list of people approved to pick up your child in case of emergency or if you have made alternate arrangements must be provided at check-in. Camp staff will require photo identification for those approved to pick up your child before your child will be released to them.

Clothing

Comfortable, casual, cool clothes and CLOSED-TOE shoes (no flip-flops, clogs, or open-toe sandals are allowed.) Your child will be outdoors, making crafts, and hiking and WILL get messy.

Food and Water Bottle

Campers have a one-hour supervised lunch each day. Campers bring their own snacks, lunches and drinks, clearly marked. No vending machines, refrigerators or microwaves



are available. Please note we are no longer providing snacks. There will be time for campers to eat their own snacks.

Dropping Off

Dropoff of participants will be at the Environmental Education Center of

the Horine Reservation at 9 a.m. Dropoff for Locust Grove Camp is at 9 a.m. at the Locust Grove Visitor Center, 561 Blankenbaker Ln.

Picking Up

Pickup of participants will be at the Environmental Education Center of the Horine Reservation at 4 p.m.

Locust Grove Camp pickup will be in front of the Locust Grove Visitors Center at 4 p.m.

It is important that campers be dropped off and picked up on time. Please respect other campers and staff by abiding by these times. If a camper has not been picked up, the staff person will call the contact numbers indicated on the registration sheet. At Jefferson Memorial Forest, Forest staff will take your child(ren) to the program office located in the front of the Horine Reservation on the left as you enter the reservation.

Whoever picks up your child must check in with a Forest staff person. To ensure the safety of your child, no one will be released to a vehicle without identification.

Shuttle Service Guidelines

Pickup and drop-off will be located at George Rogers Clark Park, at 1024 Thruston Avenue (at Thruston Ave and Poplar Level Rd). Camp leaders will be there to check in campers at 8:15 a.m. No camper is to be dropped off prior to 8:15 a.m. Shuttles will depart promptly at 8:30 a.m. Parents arriving after 8:30 a.m. are responsible for getting their child to camp. No refunds will be given.

Pickup for shuttle riders will be at 4 p.m. Please be on time for pickup, or make arrangements if you are not able to be there. As with pickup at the Forest, camp staff will check identification of anyone other than yourself before releasing your child.



LOUISVILLE
PARKS
AND RECREATION

Jefferson Memorial Forest Summer Camp Registration

The registration fee must accompany this form. Make checks payable to **Jefferson Memorial Forest**. When registering more than one child, send the information for each child on a separate form. Mail check and registration to:

Jefferson Memorial Forest Summer Camp • PO Box 467 • Fairdale, KY 40118

<input checked="" type="checkbox"/> CAMP TITLE	PRICE/CHILD/SESSION	CAMP SESSION	SHUTTLE REQUESTED?*
<input type="checkbox"/> Adventure Camp.....	\$150.....	Jun 10-14.....	<input type="checkbox"/>
<input type="checkbox"/> Wilderness Survival Camp.....	\$150.....	Jun 17-21.....	<input type="checkbox"/>
<input type="checkbox"/> Water Wonders.....	\$150.....	Jun 24-28.....	<input type="checkbox"/>
<input type="checkbox"/> ECO Extreme.....	\$200.....	Jul 8-12.....	<input type="checkbox"/>
<input type="checkbox"/> Fairies, Trolls & Gnomes.....	\$150.....	Jul 8-12.....	<input type="checkbox"/>
<input type="checkbox"/> Adventure Camp.....	\$150.....	Jul 15-19.....	<input type="checkbox"/>
<input type="checkbox"/> Wilderness Survival Camp.....	\$150.....	Jul 22-26.....	<input type="checkbox"/>
<input type="checkbox"/> Fairies, Trolls & Gnomes.....	\$150.....	Jul 29-Aug 2.....	<input type="checkbox"/>
<input type="checkbox"/> Locust Grove Camp.....	\$175.....	Jul 29-Aug 2.....	<input type="checkbox"/>

* Shuttle service fee = number of sessions x \$40

Child's last name: _____

Child's first name: _____

Sex: M / F Age: _____ Birthday: _____ / _____ / _____

Parent's Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Home phone: _____

Emergency phone: _____

Email address: _____

Is there a friend/sibling you would like placed with your child? This cannot be guaranteed if children are in different age groups or if space is not available.

Name _____

Does your child have any health concerns, special needs or allergies?

I hereby authorize Jefferson Memorial Forest/Locust Grove/Louisville Parks and Recreation to take any steps necessary to ensure my child's health in case of an emergency, including seeking medical treatment. My child has permission to go on all camp-sponsored field trips. I understand that transportation will be by van with a JMF staff driver or by bus via Miller Transportation for all field trips.

Signature: _____ Date: _____

I hereby authorize Jefferson Memorial Forest/Locust Grove/Louisville Parks and Recreation to use my child's name and or photograph for educational and public relations purposes.

Signature: _____ Date: _____

Payment

Check Amount paid: _____

Check Number: _____

Credit Card: Master Card Visa

Amount paid: _____

Name on card: _____

Card number: _____

Expiration date: _____

Signature: _____



**LOUISVILLE METRO PARKS AND RECREATION
MEDICAL RELEASE AND EMERGENCY MEDICAL CONSENT FORM**

I, _____ Give the **LOUISVILLE METRO GOVERNMENT/LOUISVILLE METRO PARKS AND RECREATION** representative(s) permission to seek medical treatment for my child _____ should an accident or injury occur on this outing.

EMERGENCY MEDICAL CONSENT FOR TREATMENT OF A MINOR

In the event of a Medical Emergency related to the minor child listed above, I hereby, request any hospital, to contact me at the telephone number(s) listed below. In the event that I or my spouse is unavailable, I hereby, give my written consent to be deemed appropriate by the hospital's emergency medical staff necessary to contract with various health care professionals for their services. The following providers are not employees of the hospital, but are instead independently contracted to provide services for the patient, and are legally responsible for their actions: All physicians, pathologists, technical and professional components, radiologists, etc.

Site: Jefferson Memorial Forest Destination/Activity: Summer Camp

Description of Activity: _____

Name of Minor: _____ Date of Birth: _____ Age: _____

Address: _____

Telephone: Home: _____ Cell: _____

Emergency Contact: _____ Phone: _____

Medication(s) being taken: _____

Allergies _____

Please indicate any special medical problems and/or physical limitations, which may affect your child's participation, such as asthma, severe allergies, fears, and required assist devices.

Date of last Tetanus Shot: _____ Family Physician: _____ Phone: _____

Printed Name of Parent/Guardian: _____

Relationship to Minor: _____ Date: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email: _____

Parent/Guardian/Legal Adult: Your signature below certifies that you have carefully read this form, and the terms and conditions set forth herein; and you agree to abide by said conditions and terms, and certify all information is true, current and correct and may be relied upon by the **LOUISVILLE METRO PARKS AND RECREATION**.

Signed: _____ Date: _____

LOUISVILLE / JEFFERSON COUNTY METRO GOVERNMENT



PERMISSION, RELEASE, WAIVER

1. PERMISSION: I, the undersigned, am a participant in the _____ (event) at _____ (location) on _____ (date).
2. RELEASE, WAIVER AND INDEMNIFICATION: In consideration of the Louisville / Jefferson County Metro Government allowing me to participate in the Event, including transportation to and from; I hereby waive and release the Louisville / Jefferson County Metro Government, its officers, agents and employees, from any and all claims or causes of actions for injury, damage or loss to my person or my property during my participation in the Event. I further hereby agree to indemnify, hold harmless and defend the Louisville / Jefferson County Metro Government, its officers, agents and employees, from any and all losses, claims or causes of action from injury, damage or loss in any way relating to or arising from any incidence occurring during the Event. This Waiver and Release is intended to be an express waiver of and release from any and all claims against Louisville / Jefferson County Metro Government, its officers, agents and employees, arising from the Event, including all claims or causes of action based upon the alleged negligence or gross negligence of Louisville / Jefferson County Metro Government, its agents, officers and employees.
3. I expressly agree that this Permission, Release, Waiver and Indemnification Agreement shall be interpreted as releasing the Louisville / Jefferson County Metro Government, its officers, agents and employees, from all liability to the fullest extent allowed by the law in Kentucky.

Printed Name _____ Age of Child if under 18 _____

Printed Name _____ Age of Child if under 18 _____

Printed Name _____ Age of Child if under 18 _____

Printed Name _____ Age of Child if under 18 _____

Printed Name, Individual and/or Parent/Guardian to Minors Listed Above _____

Signature _____ DATE _____

Photo Release Information

The Louisville Metro Government Parks Department documents recreation programs for promotional use year-round. Photographs and video may be taken to be used in brochures, on Parks' websites, seasonal program guides, public event displays, department program videos or press releases to area media publications. If the Louisville Metro Government Parks Department has your permission to photograph or videotape you or your child while participating in various activities related to Parks programming, please sign below.

Signature for Photo Release: _____