



G.R.A.N.D. Program Registration Form
(Fill out a separate registration form for each student)

For Office Use Only Session Code _____

STUDENT INFORMATION

Student Name: last first middle Where did you hear of program? _____

Address: _____ City **Grand Prairie** Zip _____

Date of Birth: MM/DD/YYYY Gender: Male Female Grade Level Fall 2008 _____

Name of School Currently Attending: _____

Race/Ethnicity (Voluntary) – Please answer both A and B. Check **ALL** that apply.

- a. Is the student Spanish/Hispanic/Latino/a?
 No, not Spanish/Hispanic/Latino/a Yes, Puerto Rican Yes, Mexican American, Chicano
 Yes, Cuban Yes, other Spanish/Hispanic/Latino/a – print group _____
- b. What is the student's race? Please check **ALL** that apply.

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian – please specify _____ | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> Other race – please specify _____ | |

Transportation Waiver:

I understand I am responsible in making sure my child (ren) are dropped off at Loyd Park by 9:00 am and picked up before 6:00 pm (with the exception of Thursday Night).

Yes No

Roommate Preference for overnight stay (if any): _____

T-Shirt Size (Circle One): M L XL XXL

CUSTODIAL PARENT INFORMATION (Parent(s) you are living with at the time of camp)

Please Print

Father's First & Last Name _____

Mother's First & Last Name _____

Street Address: _____

City/State/Zip: _____

(How can we best reach you?)

Home Phone Number: _____

Cell Phone: _____

Work Phone Number: _____

E-mail: _____

Has the FEMALE head of household earned a bachelors degree from a 4-year college or university? ___ No ___ Yes

Has the MALE head of household earned a bachelors degree from a 4-year college or university? ___ No ___ Yes

The following information will be used to determine eligibility for scholarship:

Does your family receive Free or Reduced lunches? Yes No Unsure

If "No" or "Unsure", please circle how many persons are in your household: 1 2 3 4 5 6 7 8 9 or more

If "No" or "Unsure", What is your *total* annual household income? \$ _____

Does your family receive any other forms of state or federal support (TANF, food stamps, etc.)? Yes No

_____(Student's name) has my permission to participate in the **G.R.A.N.D. Program** sponsored by the City of Grand Prairie and the Parks & Recreation Department. I certify that the above information is true and correct to the best of my knowledge. I understand that all information provided will be used solely for program evaluation and program eligibility purposes and will be kept confidential.

Parent Signature _____

Date _____



Camp Name: _____
Dates: _____

City of Grand Prairie

PART ONE:
CONSENT FOR MEDICATION ADMINISTRATION
& MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

It is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by trained Camp Staff.

Prescription medications are in containers labeled with the child's name, a date, directions, and the physician's name. Program staff members will administer the medication only as stated on the label. Program staff will not administer medication after the expiration date.

Nonprescription medications are labeled with the child's name and the date the medication was brought to the Program. Nonprescription medication must be in the original container. The Program staff will administer it only according to label direction.

You must also complete the form below:

_____ No medication has been brought to camp.

_____ I want the medication or medical devices self-administered. (Age 14 and above only.)

_____ I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

_____	_____	_____
Name of Medication (s)	Prescribing Doctor	Doctor's Phone #
_____	_____	_____
Amount to be taken	How is it taken?	When to be administered
_____	_____	
Day(s) to be taken	Special Instructions	

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
- By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
- By signing below you agree to hold harmless and indemnify the City of Grand Prairie, its employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Participant Name (Please Print)

Signature of Parent or Guardian

Date



PART TWO: HEALTH HISTORY QUESTIONNAIRE

Full Participant Name:	School Attended:	Name of Camp/Event G.R.A.N.D. Program	Camp Dates
Full Home Address:	Home Telephone Number:	Date of Birth: ____/____/____	Sex: M F
Parent/Guardian Name:	Relationship:	Height:	Weight:
Address (if different than above)	Home Telephone Number: (if different than above)	Does participant have allergic reactions to:	
	Parent/Guardian Work Telephone:	<input type="checkbox"/> Yes <input type="checkbox"/> NoPenicillin <input type="checkbox"/> Yes <input type="checkbox"/> NoOther Antibiotics _____ <input type="checkbox"/> Yes <input type="checkbox"/> NoOther Medicine (type) _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Insect Bites/Stings _____	
Alternate contact in the event that the Parent/Guardian cannot be contacted during an injury or illness. (Name, Relationship, Address, and Telephone Number)		Does participant take medication on a regular basis?	
Physician: _____ Telephone: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Identify _____ (consent for medication administration must be signed on reverse.)	
Insurance Co.: _____ Policy No.: _____		Has participant had or presently experiencing:	
Has participant ever had major surgery or been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Bleeding Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No Colitis <input type="checkbox"/> Yes <input type="checkbox"/> No Menstrual Difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No Mental/Emotional Problems <input type="checkbox"/> Yes <input type="checkbox"/> No Neck/Back Pain/Injury <input type="checkbox"/> Yes <input type="checkbox"/> No Rheumatic Fever <input type="checkbox"/> Yes <input type="checkbox"/> No Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No Ulcer	
Please explain any significant operations, accidents or illnesses, and last medical attention and reason:		Other: _____	
Does the participant have any physical condition(s) requiring special considerations? Explain.			
A physical examination within 24 months of the camp/event is recommended. Date of participant's last physical examination: _____			

EXPOSURE PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Exposure Rock Climbing, Inc., F&T Partnership #1, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "E.R.C"), I hereby agree to release and discharge E.R.C., on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that climbing on an artificial climbing wall or on a natural rock wall entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: falling off the wall; loose and/or damaged artificial folds or natural rock; rented equipment failure; falling to the ground, on other users, or being fallen on by other users; abrasions from the walls, ropes, pads, or the floor; equipment failure; belay and/or belayer failure; climbing out of control or beyond one's personal limits; the negligence of other climbers, visitor, participants, or other persons who may be present; musculoskeletal injuries and/or over training; head injuries; or my own negligence.

Furthermore, E.R.C. employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instruction, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless E.R.C. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of E.R.C.'s equipment or facilities, **including any such Claims which allege negligent acts or omissions of E.R.C.**

4. Should E.R.C. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against E.R.C., I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against E.R.C. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

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

Date of Birth: _____ Phone: _____ Today's Date: _____

PARENT'S OR GUARDIAN'S ADDITIONAL IDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (*print minor's name*) ("Minor") being permitted by E.R.C. to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless E.R.C. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian : _____ Print Name: _____ Date: _____

PARENTAL CONSENT

PARENT OR GUARDIAN: _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

ADDRESS: _____

MINOR CLIMBER: _____

DATE OF CLIMB: _____

TO WHOM IT MAY CONCERN:

I AM THE PARENT OR GUARDIAN OF THE ABOVE NAMED MINOR. I GIVE MY PERMISSION FOR HIM TO CLIMB AND RAPPEL AT LAKE MINERAL WELLS STATE PARK AND TRAILWAY ON THE DATE SPECIFIED. IF THERE IS ANY PROBLEM OR QUESTION, PLEASE CALL

PARENT OR GUARDIAN'S SIGNATURE

DATE

Troop #
leader

Print Name



THIS FORM IS TO BE TURNED IN TO CAMP STAFF

My child _____ may be checked in or out by the authorized individuals below from the 2009 GRAND Outdoor Adventure Camp. This information will be kept confidential and MUST be on file while the child is enrolled in camp.

Name _____
DL # _____
STATE _____
Contact Phone: _____

Name _____
DL # _____
STATE _____
Contact Phone: _____

Name _____
DL # _____
STATE _____
Contact Phone: _____

Name _____
DL # _____
STATE _____
Contact Phone: _____

Parent Signature

Date



GRAND Outdoor Adventure Camp 2009

Outdoor Adventure Camp is a fun filled week of outdoor activities you don't want to miss. This camp is held at Loyd Park on beautiful Joe Pool Lake. Some of the fun things you'll get to try your hand at are: archery, angling, canoeing, kayaking, GPS tracking, mountain biking, hiking, rock climbing, and camping. Some of the learning experiences will include; water quality testing, GPS devices, water safety, native plants, and pitching a tent. Campers will have the opportunity to earn their Hunters Education Certification.

Ages: The ages of kids participating are between 9 and 17 years of age.

Price: The price of this camp for the week is \$80. Limited scholarships are available upon approval of written application. Registration will be taken at any Recreation Center or you can get more information by visiting www.gptx.org.

Accomplishments: At the end of the camp participants will gain the skills and knowledge of outdoor adventures. While this is a learning camp, the idea of fun will be promoted in every activity.

Places: This camp will take place at Loyd Park in Grand Prairie and we will have a field trip to Mineral Wells State Park in Weatherford on Thursday.

Camp Days and Times:

Session 1 - June 15-19

Session 2 - June 22-26

Session 3 - July 13-17

This camp will be Monday-Friday, with a sleep over on Thursday night. Participants will need to be dropped off at 9:00 am and picked up by 5:00 pm.

Schedule:	Location	Address	Arrive	Depart
Monday-	Loyd Park	3401 Ragland Road. GPTX 75052	9:00 am	5:00 pm
Tuesday-	Loyd Park	3401 Ragland Road. GPTX 75052	9:00 am	5:00 pm
Wednesday-	Loyd Park	3401 Ragland Road. GPTX 75052	9:00 am	5:00 pm
Thursday-	Loyd Park	3401 Ragland Road. GPTX 75052	9:00 am	
Friday-	Loyd Park	3401 Ragland Road. GPTX 75052		5:00 pm

Meals: Participants will be provided lunch each day, along with a snack and drinks. Dinner will be provided Thursday night. Breakfast will be provided Friday morning. Additional food will need to be provided by participants.

Camp Leaders/ Supervisors: Professionals working in individual areas will provide the learning and activities for participants. The City of Grand Prairie day camp counselors, supervisors and managers will be there to assist.

Contact: Meg Pumphrey at 972-237-8100 or email at mpumphrey@gptx.org



Outdoor Adventure Camp Rules

Campers are expected to:

1. RESPECT all Outdoor Adventure Camp participants, staff, and property. Campers will not tease, hit, or fight with others.
2. DISPLAY his/her best behavior and manners at all times. This includes while in the Meeting Room, at the Lake, on the Bus, and at Mineral Wells State Park for Field Trip.
3. USE appropriate language at all times. Foul and harsh language will not be tolerated.
4. LEAVE all personal belongings such as toys and electronics at home. Outdoor Adventure Camp is not responsible for lost/stolen/broken items. Do not bring anything of value.
5. ASSIST in returning all materials used during activities to their proper locations as well as cleaning up your area after meals.
6. STAY with your group at all times.
7. LISTEN to Camp Staff.
8. HAVE FUN!!!!!!



Important Information

My child is enrolled for:

GRAND Outdoor Adventure Camp

The address is:

3401 Ragland Road
Grand Prairie, TX 75052

The Summer Camp hours are:

9:00 a.m.-5:00 p.m. Monday-Friday

Camp Coordinator is:

Meg Pumphrey
mpumphrey@gptx.org
832-434-7690



Monday

Time	Activity	Group	Location
9:00-9:30 a.m.	Check-in	ALL	Meeting Room
9:30-10:15 a.m.	Rules	ALL	Outside Meeting Room
10:15-11:45 a.m.	Icebreakers	ALL	Outside Meeting Room
11:45-12:30 p.m.	Plants	ALL	Outside Meeting Room
12:30-1:30 p.m.	Lunch	ALL	Meeting Room
1:30-2:30 p.m.	Compass & GPS	A	Park
	Archery	B	Field
	Angling	C	Lake
2:35-3:35 p.m.	Compass & GPS	C	Park
	Archery	A	Field
	Angling	B	Lake
4:00-5:00 p.m.	Compass & GPS	B	Park
	Archery	C	Field
	Angling	A	Lake
5:00 p.m.	Check-out	ALL	Meeting Room

Campers need to eat breakfast, apply sunscreen and bug spray before coming to camp.

Packing list for Monday: (please label anything brought to camp)

- Comfortable weather appropriate clothes
- Comfortable closed toed shoes (NO FLIP FLOPS)
- Full Water Bottle
- Hat

Camp will provide:

- Activity Equipment
- Lunch & Snack
- Drinks



Tuesday

Time	Activity	Group	Location
9:00-9:30 a.m.	Check-in	ALL	Meeting Room
9:30-10:45 a.m.	Water Testing	ALL	Lake/Pavilion
10:45-11:15 a.m.	Water Safety	ALL	Pavilion/Lake
11:15-12:15 p.m.	Lunch	ALL	Meeting Room
12:15-1:30 p.m.	Kayaking	A	Lake
	Canoeing	B	Lake
	Sailing/Free Swim	C	Lake
1:45-3:00 p.m.	Kayaking	C	Lake
	Canoeing	A	Lake
	Sailing/Free Swim	B	Lake
	Snack		
3:30-4:45 p.m.	Kayaking	B	Lake
	Canoeing	C	Lake
	Sailing/Free Swim	A	Lake
5:00 p.m.	Check-out	ALL	Meeting Room

Campers need to eat breakfast, apply sunscreen and bug spray before coming to camp.

Packing list for Tuesday: (please label anything brought to camp)

Comfortable weather appropriate clothes

Comfortable closed toed shoes (NO FLIP FLOPS)

Full Water Bottle

Swim Suit

Hat

Towel

Change of Clothes

Water shoes (If Possible- water shoes, old tennis shoes, sandals with a back strap)

Extra Sun screen and bug spray

*If your child sun burns easily, may want to bring a shirt to swim in.

Camp will provide:

Activity Equipment

Lunch & Snack

Drinks



Wednesday

Time	Activity	Group	Location
9:00-9:30 a.m.	Check-in	ALL	Meeting Room
9:30-10:30 a.m.	Virtual Hunt	A	Field
	Video/games	B	Meeting Room
	Nature	C	Outside Meeting Room
10:45-11:45 a.m.	Virtual Hunt	B	Field
	Video/games	C	Meeting Room
	Nature	A	Outside Meeting Room
12:00-1:00 p.m.	Lunch	ALL	Meeting Room
1:00-2:15 p.m.	Virtual Hunt	C	Field
	Video/games	A	Meeting Room
	Nature	B	Outside Meeting Room
2:15- 3:15 p.m.	Free Swim	ALL	Lake
	Snack and Change		
4:00-5:00 p.m.	Tents	ALL	Campsite
5:00 p.m.	Check-out	ALL	Meeting Room

Campers need to eat breakfast, apply sunscreen and bug spray before coming to camp.

Packing list for Wednesday: (please label anything brought to camp)

Comfortable weather appropriate clothes

Comfortable closed toed shoes (NO FLIP FLOPS)

Full Water Bottle

Hat

Swim Suit

Towel

Change of Clothes

Water shoes (If Possible- water shoes, old tennis shoes, sandals with a back strap)

Extra Sun screen and bug spray

*If your child sun burns easily, may want to bring a shirt to swim in.

Camp will provide:

Activity Equipment

Lunch & Snack

Drink



Thursday

Time	Activity	Group	Location
9:00 a.m.	Check-in	ALL	Meeting Room
9:00-11:00 a.m.	Bus to Mineral Wells	ALL	BUS
11:00-12:15 p.m.	Climbing	A	MW- Hollow
	Hiking	B	MW-Trails
	Biking	C	MW-Trails
12:15-1:15 p.m.	Lunch	ALL	MW- Tables
1:15-2:30 p.m.	Climbing	B	MW- Hollow
	Hiking	C	MW-Trails
	Biking	A	MW-Trails
2:45-4:00 p.m.	Climbing	C	MW- Hollow
	Hiking	A	MW-Trails
2:15- 3:15 p.m.	Biking	B	MW-Trails
	Snack		
4:15-6:15 p.m.	Bus to Loyd	ALL	BUS
6:15-9:00 p.m.	Dinner		
9:00-11:00 p.m.	Check-out	ALL	Campsite
11:00 p.m.	LIGHTS OUT	ALL	Campsite

Campers need to eat breakfast, apply sunscreen and bug spray before coming to camp.

Packing list for Thursday: (please label anything brought to camp)

Comfortable weather appropriate clothes

Comfortable closed toed shoes (NO FLIP FLOPS)

Full Water Bottle

Hat

Sleeping attire

Toiletries (showers will be available)

Pillow

Flashlight

Book

For Friday

Swim Suit, Towel, Change of Clothes, Water shoes (If Possible- water shoes, old tennis shoes, sandals with a back strap)

Extra Sun screen and bug spray

*If your child sun burns easily, may want to bring a shirt to swim in.

Camp will provide:

Activity Equipment, Tents, and Sleeping bags.

Lunch , Snack, Drinks, Dinner, Smores, and Breakfast Friday Morning.



Friday

Time	Activity	Group	Location
8:00-9:00 a.m.	Wake up/clean up Camp	ALL	Campsite
9:00-10:00 a.m.	Breakfast/Check-in	ALL	Meeting Room
10:00-12:15p.m.	Adventure Race	ALL	PARK
12:15-1:15 p.m.	Lunch	ALL	Meeting Room
1:15- 3:00 p.m.	Afternoon Activities	ALL	PARK
3:00 p.m.	Leave	REC	Rec Centers
5:00 p.m.	Leave	Gen	PARK

Packing list for Friday: (please label anything brought to camp)

Comfortable weather appropriate clothes

Comfortable closed toed shoes (NO FLIP FLOPS)

Full Water Bottle

Hat

Swim Suit

Towel

Change of Clothes

Water shoes (If Possible- water shoes, old tennis shoes, sandals with a back strap)

Extra Sun screen and bug spray

*If your child sun burns easily, may want to bring a shirt to swim in.

Camp will provide:

Activity Equipment

Breakfast, Lunch , Snack, Drinks,