

## **Camp Roosevelt Junior Ranger Day Camp Registration and Frequently Asked Questions**

**What is this?** This is a day camp for children ages 8 to 12 years old. There will be 2 sessions; each session will be for three days each on Tuesday thru Thursday. Group limited to 25 per session.

**What age must my Jr. Ranger be?** Participants must be 8 years old, and no older than 12 years old, on the days they participate.

**What will my Jr. Ranger do at camp?** The day will have various activities relating to the site. There will be time scheduled for lunch and down time. Activities will include model sailboat regatta (Rangers will make their own boats!), flag etiquette, Biologist-In-Training, and games.

Drop-off	9:00 a.m. to 9:30 a.m. (Supervised free play) Parents must sign in upon arrival
Camp activities	9:30 a.m. to 2:00 p.m.
Pick-up	2:00 p.m. to 2:30 p.m. (Supervised free play) Parents must sign out at pick-up

**Where is the camp going to be held?** Camp will be divided into two sessions.

### **Session One**

Tuesday	June 14 <sup>h</sup> Roosevelt's Little White House
Wednesday	June 15 <sup>th</sup> Warm Springs National Fish Hatchery
Thursday	June 16 <sup>th</sup> FD Roosevelt State Park

### **Session Two**

Tuesday	June 21 <sup>th</sup> Roosevelt's Little White House
Wednesday	June 22 <sup>st</sup> Warm Springs National Fish Hatchery
Thursday	June 23 <sup>rd</sup> FD Roosevelt State Park

This is the third time the three sites are partnering to offer this program.

**How much does it cost?** \$40 per 3-day session, sessions cannot be split. \$40.00 for each child

**I have more than one Jr. Ranger, is there a discount?** Unfortunately, due to the limited amount of participants the camps can serve, we are not able to offer discounts.

**Is transportation provided?** No, it is the responsibility of the parent/guardian for each Jr. Ranger to get to and from the respective camp location each day.

**How do I register my child?** You can pick up a Registration Package at Little White House or Fish Hatchery, but must return it to **Roosevelt's Little White House**. *You will need insurance policy numbers and emergency information including contact numbers to complete the form.*

**Roosevelt's Little White House** 401 Little White House Road, Warm Springs, GA 31830  
Phone -706-655-5870 Fax - 706-655-5872

**Where do I register?** At Roosevelt's Little White House (Admissions), from 9am to 5 pm Monday thru Sunday.

**How do I reserve a place for my child at camp?** Your child's space is secured for camp when we receive your **COMPLETED registration form and full payment**. When these have been received, your information will be entered and a confirmation letter sent.

**How can I pay for this?** By cash, credit card, debit card, check or money order. Please do not send cash by mail.

**When do I pay for camp?** Full payment is due with your registration form.

**Who do I make Checks payable to?** Make checks payable to: **Roosevelt's Little White House**

**Roosevelt's Little White House State Historic Site, Warm Springs National Fish Hatchery and  
FD Roosevelt State Park 2011 Junior Ranger Camp**

401 Little White House Road  
Warm Springs, Georgia 31830  
Phone 706-655-5870 Fax 706-655-5872

SESSION DATE: June 14/15/16 June 21/22/23 (Circle One)

*Please print all information and include \$40 fee with registration*

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Male/Female \_\_\_\_\_

Parent's name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Lives with : Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**Family Information**

Mother/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Information**

Person to be reached if parents or guardian cannot be reached:

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office # \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Camper Release**

Persons authorized to pick up

Persons **NOT** authorized to pick up

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### Health History

1. Has camper been hospitalized or had operations, serious injuries, fractures, etc, in the past five years? Yes \_\_\_ No \_\_\_

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

2. Does camper have any chronic or recurring illness or conditions? Yes \_\_\_ No \_\_\_

If yes, please give dates and details: (Any special medical/physical accommodation may require 2 weeks notice for us to meet the child's needs) \_\_\_\_\_  
\_\_\_\_\_

3. Should any activities be encouraged or limited? \_\_\_\_\_  
\_\_\_\_\_

4. List current medications(s) \_\_\_\_\_

5. List Allergies: \_\_\_\_\_

6. If applicable - suggestions on health -related information for camp personnel: \_\_\_\_\_  
\_\_\_\_\_

As the parent/guardian of the camper, I authorize \_\_\_\_\_ (camper's name) to attend and participate in all prescribed Junior Ranger Camp activities. I understand it is my responsibility to carry primary accident insurance. I give my permission that any photos or videos taken of my child can be used for promotional purposes only. If I do not want video or photos taken of my child and published, I will write a separate letter to the director. I have read and understand the payment policies. I hereby waive and release all other participants, hosts, sponsors, and all other officials or parties involved in the event from all claims and/or damages incurred in connection with this event

This health history is correct as far as I know, and herein described has permission to engage in all prescribed camp activities as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment release and records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child.

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the camp director to secure and administer treatment including hospitalization, for the person named above. The completed form may be photocopied for use off the camp site.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Roosevelt's Little White House  
401 Little White House Road  
Warm Springs, Georgia 31830

Phone 706-655-5870

Fax 706-655-5872

Print Name as it appears on the Credit/Debit card:

Credit Card Details

Payment Type Select: VISA\_\_\_\_MasterCard\_\_\_\_ Discover\_\_\_\_American Express\_\_\_\_\_

Credit Card Number

Expiration Date:

Billing Address Line 1:

Billing Address Line 2: (optional)

City:

State:

ZIP Code:

Home Telephone:

Email:

REGISTRATION, GENERAL RELEASE OF LIABILITY AND

COVENANT NOT TO SUE FOR MINORS

EVENT: **Jr. Ranger Camp**

DATE: \_\_\_\_\_

I/WE understand that there are risks of injury or death or damage to property involved in my/our child's participation in such an event, that it is my/our responsibility to insure the safety of equipment, if used and to see that it is operated properly, and that the Georgia Dept. of Natural Resources assume no responsibility for the condition of such equipment its operation, or the safety of the activities involved in this event. In consideration of the acceptance of this registration by the Department and the benefits derived from my child's participation in this event, I/we waive, release and covenant not to sue upon any claim of damages against the Department and its officers, staff, representatives and agents, including but not limited to, claims for wrongful death, medical expenses, personal injury and damage to property, that may occur as the result of my/our child's participation in this event.

Furthermore, I/we agree to pay, protect, indemnify and save the Department and its officers, staff, representatives and agents harmless from and against all liabilities, judgments, and claims of any nature whatsoever, including, but not limited to, any liability the Department may incur, arising from, by reason of, or in connection with my child's participation in this event.

*I/We further understand that such an event requires all participants to be in good health and without physical limitations and I/we certify that my/our child is in good health and have no physical limitations.*

(Please Print)

CHILD'S NAME \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please list any medical care or physical condition we should be aware of (Examples: diabetic, special medications).

I/We have read this entire form, including the statement of good health, acceptance of risk and waiver, and release and indemnification provisions. All information I/we have given is accurate and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Father/Mother

\_\_\_\_\_ DATE \_\_\_\_\_

Legal Guardian

# Agreement for Use of Images and Likenesses in Service Products

## Instructions

A signed release is required from Non-Service subjects appearing and requiring identification in all photographs and videos taken by Federal Employees or their agents. In the case of minors, the parent or guardian must sign the release. Completed forms are maintained at the originating office and copies are sent to the Regional External Affairs Office prior to use in any Service Product.

Photographer/Videographer: \_\_\_\_\_

Office and Phone: \_\_\_\_\_

## Photograph and Video Copyright Release

I hereby grant permission to the U.S. Fish and Wildlife Service ("Service") to make visual and/or audio recordings and still images of myself and/or any minor under my control at the time of the recording. I also grant permission to the Service to use my photographic, video graphic, and/or audio image and/or likeness and/or any minor's photographic, video graphic, and/or audio image and/or likeness, who is under my control at the time of the recording, in official Service publications, displays, on the Internet and its World Wide Web Site without any consideration. These images are for public domain use unless specific restrictions are noted below. I also understand that a computer user in or out of the Service can download the images, photographs, video recordings, and/or audio recordings. The image will be credited to the U.S. Fish and Wildlife Service unless otherwise noted below.

Therefore, I agree to indemnify and hold harmless from any claims the following:

- U.S. Fish and Wildlife Service
- U.S. Department of the Interior
- All employees or agents of the Department of the Interior

I agree to the above full copyright release: \_\_\_\_\_ (Signature)  
or

Special Agreement Instructions (purchase information, usage restrictions, etc.):

Product Description (image number, subject, horizontal/vertical, location, title, etc.):

Name: (Adult or Guardian)

Name: (Minor)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

