



The Junior Nature Camp staff is looking forward to the upcoming 2017 Junior Nature Camp at Camp Giscowheco. Since 1944, campers from all over the country have traveled to West Virginia to study nature, enjoy the outdoors, spend time around the campfire, and meet new friends. Please review this packet carefully. It contains important information to ensure a safe and enriching experience for your child.

No camper will be admitted to camp without the following signed forms. Forms MUST be completed and returned to the Schrader Center no later than June 30, 2017. This allows the staff to review these documents prior to camp.

- Health Forms
- Canoe Trip Form (Hazelbakers Recreational Services)
(Week 1 campers only)
- Dismissal and Pick-up Authorization Forms
- Oglebay Institute Waiver of Liability Form

Week one check-in is Sunday, July 16, 2017 from 2-5 pm, pick-up is Saturday, July 22, 2017 at 10:00 am. Week two check-in is Sunday, July 23, 2017 from 2-5 pm. Camp officially ends at 10:00 am, Saturday, July 29, 2017. Please make arrangements to have your camper picked up on time at the close of camp!

Depending upon availability, week one campers not registered for week two who wish to stay, must register and pay via the Schrader Center. **No payments will be accepted at camp.**

Follow the enclosed packing list carefully. Pack enough clothes to last through the camping weeks for which you are registered.

Cell phones are not permitted! We take this very seriously and ask parents to assist us. We agree to tell you if your child is experiencing a challenge in their adjustment to camp. You can help by talking with your child before they leave for camp and telling them that there is always someone they can reach out to, whether it be their counselor, senior staff member, Director or camp nurse. Director will take cell phones if one is found.

Do not bring food or drinks to camp. Food and drinks are not permitted in tents or cabins. Food smells attract unwanted animals into tent/cabin areas, which may create an unsafe situation. Meals and snacks from the camp kitchen are ample and nutritious. Snacks are served each night and fresh fruits are available throughout the day. If your camper has a medical need to bring food items, you must list these items on the health form. They will be stored in the dining hall with the camp nurse.

HEALTH INFORMATION

It is mandatory that we have the health form, a physician's examination and signature, health insurance information, and a parent/guardian signature on file. If there is an accident, we must provide medical personnel with accurate information on allergies, medications, past history, etc. **No campers will be admitted into camp without a completed health form and appropriate signatures.**

MEDICATIONS

Please note any medications on the Camp Health form. **Please put medications in separate containers labeled with specific instructions.** Attach a note to the health form indicating administrative procedures for medications. Indicate any medications that require refrigeration. For any special concerns in regards to medications or general health, please talk with the Camp Nurse during check-in.

CAMP ADDRESS AND PHONE

We encourage campers to send letters from camp. Campers also like to receive mail from parents, relatives, or friends. Please post these so they will arrive at camp prior to campers' departure. Phone calls to campers are for emergencies only. If you have a concern about your camper, please feel free to contact the Camp Director and we will be happy to check in to the matter and report back to you. Letters to campers should be sent to the following address:

**Camp Giscowheco
Attn: Junior Nature Camp
(Camper's Name)
237 Juliette Way**

MEDICAL INSURANCE

Oglebay Institute is a nonprofit organization and is not able to provide medical insurance for campers. **Campers must have medical insurance to attend camp.**

SPECIAL EVENTS AT CAMP

Canoe Trip – On Thursday, July 20, staff and campers take a canoe trip down a peaceful eight-mile section of the Youghiogheny River.

Banquet Night – On Friday, July 28, a catered camp banquet will be held. Campers dress up a bit for this end-of-camp tradition. Young ladies may wish to bring a skirt and blouse and young men a nicer pair of pants and collared shirt.

EARLY DISMISSAL/LATE ARRIVAL

Should it become necessary for your camper to leave camp early, please notify the Camp Director in writing. If this is not possible, parent/guardian must report to the Camp Director before taking your camper from camp. If your camper will be arriving late to camp, please report to the Camp Director upon arrival. **Campers are not permitted to leave camp on their own to attend outside activities.**

CAMP PHOTOGRAPHY

Camp photographs will be made available at the end of the camp through a private online album. We will be taking photographs during the two weeks of camp. Campers are encouraged to bring their camera and contribute to the camp photo collection.

PAYMENT AND REFUND POLICY

It is recommended to register early to ensure a spot for your child. Payment in full is required at the time of registration. Cancellations made before July 1, 2016 are eligible for a full refund. No refunds - full or partial - will be granted for cancellations made after July 1. Camp fees cannot be transferred to another camp.

CUSTOMER PRIVACY AND INFORMATION REQUESTS

We value your privacy and the privacy of your family. For our mutual protection, Oglebay Institute will not accommodate requests for customer information from our records, including information related to program attendance and fees paid, except where the law requires such accommodation.

ADDITIONAL INFORMATION

Camp attendance is a privilege. If at any time a camper's conduct or cooperation with camp instructors is not in keeping with camp requirements, or if a situation arises that requires expertise outside of camp staff capabilities, Oglebay Institute reserves the right to terminate, at its discretion, any camper's enrollment. No registration fees will be refunded for campers who have been dismissed or who have voluntarily withdrawn from camp.

Completed camp forms must be mailed to:

Oglebay Institute
Attn: Junior Nature Camp
1330 National Road
Wheeling, WV 26003
schradercustomerservice@oionline.com

If you have any questions, please call (304.242.6855) or email (schradercustomerservice@oionline.com). We are looking forward to seeing you at Junior Nature Camp.

Oglebay Institute



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PICKUP AUTHORIZATION

Camper's Name: _____

I hereby authorize the following person(s) to pick up my child(ren) from Oglebay Institute's Junior Nature Camp at Camp Giscowheco. If there are any changes in these arrangements, I will give advanced written notice.

*Note: If there are any special instructions, or any person(s) who is **never** authorized to pickup your child, please indicate this information below in the special instructions section.*

NAME	PHONE	RELATIONSHIP TO CAMPER
1.		
2.		
3.		

Special Instructions:

Signature of Parent/Guardian: _____ Date: _____

CITs: You are welcome to stay at camp on the weekend between camp weeks, July 22-23, but if you choose to leave, you may leave with **your parents only**.



OGLEBAY INSTITUTE CAMPER INFORMATION FORM

Oglebay Institute requires all of the following information to be completed and returned before a child will be permitted to attend Junior Nature Camp. Please complete each section fully.

GENERAL CONTACT INFORMATION

Child's Name: _____ Birthdate ___/___/_____ Male Female

Parent/Guardian Name: _____

Home Address: _____ Home Phone: _____

City, State & Zip: _____

Company Name and Address: _____

City, State & Zip: _____ Company Phone: _____

Cell Phone Number: _____

Email Address: _____

EMERGENCY INFORMATION

Emergency Contact Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

2nd Emergency Contact Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Child's Physician/Medical Care Provider: _____ Phone: _____

Each camper is expected to be covered under a medical plan and any medical costs incurred will have to be submitted to the individual's insurance carrier.

Medical Insurance Provider: _____ **Policy/Group #:** _____

Subscriber Name: _____ **Agreement #:** _____

Public Assistance: _____ **Code #:** _____

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician. In the event of an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

Parent/Guardian Signature: _____ Date: _____

MEDICAL HISTORY

(To be completed by parent or guardian prior to examination)

Name _____ Birthdate ____/____/____ Entering grade ____ Age ____

Has the participant ever had:

- Yes No 1. Chronic or recurrent illness? (Diabetes, Asthma, Seizures, etc.)
- Yes No 2. Any surgery?
- Yes No 3. Any hospitalization?
- Yes No 4. Any injuries that prohibited sports participation?
- Yes No 5. Dizziness or frequent headaches?
- Yes No 6. Concussion/knocked out?
- Yes No 7. Knee, ankle or neck injuries?
- Yes No 8. Broken bone or dislocation?
- Yes No 9. Heat exhaustion/sun stroke?
- Yes No 10. Fainting or passing out?
- Yes No 11. Any allergies?

PLEASE EXPLAIN ANY "YES" ANSWERS

Does the camper:

- Yes No 12. Have any problems with heart/blood pressure?
- Yes No 13. Has anyone in your family ever fainted during exercise?
- Yes No 14. Take any medicine? If yes, list on separate form
- Yes No 15. Wear glasses____, contact lenses____, dental appliances____?
- Yes No 16. Have any organs missing (eye, kidney, testicle, etc.)?
- Yes No 17. Has it been longer than 10 years since your last tetanus shot?
- Yes No 18. Have a sudden death history in your family?
- Yes No 19. Have a family history of heart attack before age 50?
- Yes No 20. Develop coughing, wheezing, or unusual shortness of breath when you exercise?
- Yes No 21. (Females only) Do you have any problems with your menstrual periods?
- Yes No 22. Do you know of any reason this camper shouldn't participate in a residential camp?

VITAL SIGNS

Height _____ Weight _____ Pulse _____ Blood Pressure _____

Visual acuity: Uncorrected _____/_____; Corrected _____/_____; Pupils equal diameter: Y N
L R L R

SCREENING PHYSICAL EXAM

Mouth:

- Appliances Y N
- Missing/loose teeth Y N
- Caries needing treatment Y N
- Enlarged lymph nodes Y N
- Skin- infectious lesions Y N
- Peripheral pulses equal Y N

Respiratory:

- Symmetrical breath sounds Y N
 - Wheezes Y N
- Cardiovascular:**
- Murmur Y N
 - Irregularities Y N
 - Murmur with Valsalva Y N

Abdomen:

- Masses Y N
 - Organomegaly Y N
- Genitourinary (males only):**
- Inguinal hernia Y N
 - Bilaterally descended testicles Y N

Musculoskeletal: (note any abnormalities)

- | | | |
|---------------|---------------|----------------|
| Neck: Y N | Wrist: Y N | Hamstring: Y N |
| Shoulder: Y N | Knee/Hip: Y N | Scoliosis: Y N |
| Elbow: Y N | Ankle: Y N | |

RECOMMENDATIONS BASED ON ABOVE EVALUATION:

After my evaluation, I give my:

- Full Approval
- Full approval; but needs further evaluation by Family Dentist ____; Eye Doctor ____; Other ____;
- Limited approval with the following restrictions: _____
- Denial of approval for the following reasons: _____

Signature _____ MD/DO _____ Date _____



**OGLEBAY INSTITUTE
ASSUMPTION OF RISK AND WAIVER OF LIABILITY
ACKNOWLEDGMENT AND RELEASE**

Please read the following assumption of risk and liability waiver very carefully.

By signing this application you are agreeing to all provisions, implied or otherwise, of the waiver.

IN CONSIDERATION of participating in the activities of JUNIOR NATURE CAMP, I the undersigned, for myself, my personal representatives, heirs and next of kin hereby acknowledge, agree, and represent that I fully understand that certain activities of Oglebay Institute's JUNIOR NATURE CAMP pose risks of injury and possibly death. It is my responsibility to follow any directions, restrictions, prescriptions or limitations that are applicable to my physical condition or state of fitness. Therefore, I HEREBY VOLUNTARILY:

ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE that may occur while participating in any way in any activity associated with JUNIOR NATURE CAMP.

I do further agree to hold Oglebay Institute, its officers, directors, employees, and agents, harmless from any and all liability, actions, causes of action, claims, expenses, and damages arising on account of injury to my person or property, even injury resulting in death, which I now have or which may arise in the future in connection with participation in any activities associated with JUNIOR NATURE CAMP.

I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of West Virginia and if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY WARRANT THAT I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY ACKNOWLEDGEMENT AND RELEASE, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Minor Child's Name _____

Printed Parent's or Guardian's Name _____

Parent's or Guardian's Signature _____ Date _____

PHOTOGRAPH AND PUBLICITY RELEASE FORM

I give *Oglebay Institute* permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of *Oglebay Institute* activities. I agree that *Oglebay Institute* has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with *Oglebay Institute's* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium not known or later developed, including the Internet. I acknowledge that I nor my child will receive any compensation, etc for the use of such pictures, etc., and hereby release *Oglebay Institute* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to *Oglebay Institute* to use my child's name and likeness to promote its, its fiscal agent, and/or their activities.

signature

date

parent / legal guardian (if under age of 18)

date

I do not give my consent to *Oglebay Institute* to use my child's name and likeness to promote its, its fiscal agent, and/or their activities.

signature

date

parent / legal guardian (if under age of 18)

date

Oglebay Institute



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Directions to Camp Giscowheco:

From the West (Wheeling, WV):

Follow I-70 East from Wheeling and exit at the Dallas Pike Exit (WV exit 11). At the end of the exit ramp, turn right onto Dallas Pike Road. Follow the winding road about 1.7 miles until it makes a 90-degree turn to the left. At this turn, there will be a small sign for the camp, turn right at the sign. (If you pass Orum's Salvage, you have missed the turn). This road (Middle Wheeling Creek Road) will follow a creek. Stay on this road for about 1/2 mile until you see the entrance to the camp on your left. You must cross the creek on a small bridge and you will see Camp Director Jeff Altemus waiting to greet you.

From the East (Washington, PA):

Follow I-70 West out of Washington, PA and exit at the Dallas Pike Exit (WV exit 11). Turn left at the end of the ramp onto Dallas Pike Road. Follow the winding road about 1.7 miles until it makes a 90-degree turn to the left. At this turn, there will be a small sign for the camp, turn right at the sign. (If you pass Orum's Salvage, you have missed the turn). This road (Middle Wheeling Creek Road) will follow a creek. Stay on this road for about 1/2 mile until you see the entrance to the camp on your left. You must cross the creek on a small bridge and you will see Camp Director Jeff Altemus waiting to greet you.

Camp Phone Number: (304) 547-1232

Junior Nature Camp

Equipment and Clothing Checklist

Necessary:	Arrive with	Depart with
Daily change of clothes		
At least 3 pairs of pants		
At least 10 pairs of socks (<i>wet socks cause blisters</i>)		
At least 5 shorts		
At least 12 t-shirts		
Breathable dirty clothes bag		
Underwear		
Walking shoes, sneakers and/or light shoes which tie		
Hiking boots		
Shoes for the creek		
Raincoat and hat or poncho		
Warm sweater, sweatshirt, jacket		
Flashlight or lantern		
Batteries		
Sleeping bag, pillow, pillow case		
Brimmed hat		
Swim suit		
Toiletries:		
Soap in a box		
Comb and / or brush		
Toothpaste / toothbrush		
Hand towel / washcloth		
Bath towel <i>and</i> pool towel		
Handkerchiefs or tissues		
Shampoo		
Something to carry your shower supplies in		
Flip flops or shower shoes		
Deodorant		
Sunscreen / bug spray		
Optional:		
Field guides		
Musical instruments ie guitar, flute, violin		
Bathrobe		
Camera		
Nature-oriented books		
Hand lens		
Art supplies		
Letter writing material, stamps		
Binoculars		
Foam pad for cot		
Notebook and two pencils		

Hazelbaker's Recreational Services (Week one canoe trip)

Date _____

**READ CAREFULLY
WAIVER AND RELEASE OF LIABILITY**

Make/Model of Vehicle: _____ N/A _____ Color of Vehicle: _____ N/A _____

In consideration of being allowed to participate in any way in **HAZELBAKER'S RECREATIONAL SERVICES, BYO inc.** operation, use of equipment, or related events and activities, such as CANOEING, KAYAKING, RAFTING and or BICYCLING; I, _____ fully understand and acknowledge, appreciate, and agree that outdoor recreational activities have:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF HAZELBAKERS RECREATIONAL SERVICES, BYO inc. or others and assume full responsibility for my participation.

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence of participation, I will remove myself from participation and bring such to the attention of employees of HAZELBAKERS RECREATIONAL SERVICES, BYO inc. immediately.

4. I for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS HAZELBAKERS RECREATIONAL SERVICES, BYO inc; their officers, officials, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used for the activity of HAZELBAKERS RECREATIONAL SERVICES, BYO inc., with **respect to any and all injury, disability, death, loss or damage to person of property associated with my presence or participation**, WHETHER ARISING FROM THE NEGLIGENCE OF HAZELBAKER'S RECREATIONAL SERVICES, BYO inc. or OTHERWISE, to the fullest extent permitted by law.

____ (Initial) **I agree to wear my Personal Flotation Device (P.F.D.) at all times while participating in CANOEING, KAYAKING, and/or RAFTING activities.**

____ (Initial) **I agree that I will not have any alcohol in shuttle vans/buses or in any rental equipment.**

____ (Initial) **Abuse or abnormal damage to rental equipment will be charged to me at repair or replacement value.**

____ (Initial) **I agree to return to Layton with all rental equipment by 6:30 p.m.**

I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE ABOVE WAIVER AND RELEASE. BY SIGNING THE BOTTOM OF THIS WAIVER I AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. IT IS MY INTENTION TO EXCEPT AND RELIEVE HAZELBAKER'S RECREATIONAL SERVICES, BYO inc. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which the Hazelbaker's Recreational Services, BYO inc. or its agents is a party shall be either the Village of Layton, PA Justice Court or the County or State Supreme Court in Fayette County.

Age _____ Name (print) _____ (sign) _____

Street _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of Hazelbaker's Recreational Services, and, for myself, my child and our heirs, assigns, and next of kind, I release and agree to indemnify and hold harmless Hazelbaker's Recreational Services from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF HAZELBAKER'S RECREATIONAL SERVICES, to the fullest extent permitted by law.

Parent/Guardian's Signature

Printed Name

Date: _____