



**Waynesville R-VI School District  
4<sup>th</sup>-6<sup>th</sup> Grade Camp July 2014**

**Calendar of Events**

**Location: Freedom Elementary**

Date	Drop-off Time	Pick-up Time	Offsite Activity	Location
Monday, July 7	8:00AM	5:00PM		
Tuesday, July 8	8:00AM	5:00PM	The ARK	Waynesville
Wednesday, July 9	8:00AM	5:00PM	Camp Arrowhead	Marshfield, MO
Thursday, July 10	8:00AM	6:30PM	Parent Night/Cookout	City Park
Friday, July 11	8:00AM	5:00PM		

**Daily Attire**

- Closed toe shoes (tennis shoes preferred) *required* everyday
- Flip-flops are *not* allowed
- Lightweight, comfortable clothing should be worn each day (moderate-length shorts or jeans and t-shirts); hats and sunglasses may be worn outdoors
- Sunscreen and insect repellent are strongly recommended

**Dates**

- Monday, July 7<sup>th</sup> – Friday, July 11<sup>th</sup>

**Location**

- Freedom Elementary
- Students will be dropped off and picked up daily at the east wing entrance of Freedom Elementary, located at 286 East Lawn Ave., St. Robert, MO 65584
- An updated calendar will be given out during the first day of camp

**Times**

- Monday – Friday, 8:00AM – 5:00PM
- Thursday- Parent Night/Cookout

**Medical Form and Waivers**

- Students **MUST** submit a signed Waynesville R-VI School District Medical Form, waiver for The ARK, and Camp Arrowhead prior to or during check in the first day of camp
- Students without a signed medical form and waiver will **NOT** be allowed to participate in camp activities



### **Bus Transportation**

- There will be NO transportation provided to and from camp
- School transportation will be used for any off campus activities occurring during camp hours; this may include activities in the Waynesville, St. Robert, and Fort Leonard Wood communities

### **Lunch**

- Lunch will *not* be provided
- Students will need to bring a sack lunch each day; lunches will be stored at room temperature and students will not have access to a microwave
- Small snacks will be provided daily along with dinner on Thursday and breakfast and lunch on Friday.
- Recommended lunches: peanut butter and jelly, fruit, trail mix, summer sausage, beef jerky, tuna packets, etc.
- Refillable water bottles are highly encouraged
- Do *not* include any items that require refrigeration or access to a microwave

### **Points of Contact**

- AmeriCorps VISTA Office: 573-842-2651
- Community Resource Office: 573-842-2530
- Email at [community@waynesville.k12.mo.us](mailto:community@waynesville.k12.mo.us)



## Waynesville R-VI School District 4<sup>th</sup>-6<sup>th</sup> Grade Camp July 2014

Parents,

We are looking forward to getting to know your student during our weeklong Adventure Leadership Camp. Many exciting events and activities have been planned, and with each activity students will learn valuable leadership, communication, and teambuilding skills. We will encourage students to participate in all activities; however, students will not be forced to do any activity that they do not feel comfortable participating in.

### Policy

Students will be expected to follow all Waynesville R-VI School District policies and guidelines. Counselors will follow these policies and guidelines when addressing disciplinary issues.

### Attire

Students will be participating in many indoor and outdoor physical activities. Please be advised that in order to participate, students will be required to wear proper attire and footwear for safety reasons. Hats and sunglasses will be allowed for outdoor activities.

### Outdoor Activities

Some outdoor activities have been planned to take place in wooded areas where students may be exposed to insects, poison ivy, and many hours of sunlight. We strongly recommend that bug repellent and sunscreen is worn every day of camp. Supplies of both will be on site for student use. Perfumes or scented lotions are strongly discouraged. Students are encouraged to bring a reusable water bottle daily as well.

### Medications/Allergies

A form is provided to list any medications or allergies a student may have. Please return this form so counselors are aware of important medical issues. Also, if at all possible, try to dispense all medications prior to or after camp hours.

### Prohibited Items

The use or possession of tobacco, alcohol, drugs/drug paraphernalia, firearms, and fireworks are strictly prohibited. If any of these items are found in a student's possession, they will be asked to leave the camp. Parents will be notified to pick up the student immediately, regardless of the group's location. Students are asked to leave all electronic devices at home. Cell phones will be allowed, however, we strongly advise against students bringing them. Students will personally be responsible for any lost, stolen, or damaged cell phones or electronics they choose to bring.

### Contact Information

AmeriCorps VISTA Office 573-842-2651  
Community Resource Office 573-842-2530  
Email at [community@waynesville.k12.mo.us](mailto:community@waynesville.k12.mo.us)



Waynesville R-VI School District  
 Summer 2014  
 Registration Form

**RETURN THIS FORM TO YOUR CHILD'S MAIN OFFICE**

**STUDENT NAME (print):** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**GENDER:** Male Female **CURRENT SCHOOL OF ATTENDANCE:** \_\_\_\_\_

**SHIRT SIZE:** Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ Extra Large \_\_\_\_\_ Other \_\_\_\_\_

**MILITARY DEPENDENT (optional):** Yes No

**PLEASE SELECT A CAMP DATE** (based on your student's upcoming grade for 2014-2015 school year)

\_\_\_\_ 9<sup>th</sup>-12<sup>th</sup> Mon-Fri, June 2<sup>nd</sup> -13<sup>th</sup> (students will also have the opportunity to receive a half credit for the elective of *Practical Arts*)

\_\_\_\_ 7<sup>th</sup>-8<sup>th</sup> June 16<sup>th</sup> - 20<sup>th</sup>

\_\_\_\_ 4<sup>th</sup>-6<sup>th</sup> July 7<sup>th</sup> -11<sup>th</sup>

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

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_ **Father's Cell:** \_\_\_\_\_

**Mothers Employer:** \_\_\_\_\_ **Fathers Employer:** \_\_\_\_\_

**Mother's Work Phone:** \_\_\_\_\_ **Father's Work Phone:** \_\_\_\_\_

**Email (primary):** \_\_\_\_\_ **Email (alternate):** \_\_\_\_\_

**Allergies:** Insect bites Food (please specify): \_\_\_\_\_

**Describe the allergies:** \_\_\_\_\_

**Medical Concern:**  Asthma  Diabetes  Other \_\_\_\_\_

**EMERGENCY CONTACTS:**

The following is who **MAY** pick my child up from Adventure Leadership Camp:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

The following is who **MAY NOT** pick my child up from Adventure Leadership Camp:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**TRANSPORTATION**

How will your child get home from Adventure Leadership Camp? Please check one of the below options.

My child will be picked up by a parent/guardian or emergency contact

My child will walk home

My child will drive his/her vehicle home

**PAYMENT**

I have included the following payment for camp (5<sup>th</sup>/6<sup>th</sup> and 7<sup>th</sup>/8<sup>th</sup> ONLY; No Charge for WHS Camp):

My child is on the regular lunch plan and I have included a check, money order, or cash for \$50

My child is on the reduced lunch plan and I have included a check, money order, or cash for \$40

My child in on the free lunch plan and I have included a check, money order, or cash for \$30

I have included a check, money order, or cash for \$\_\_\_\_\_ and am requesting a scholarship to cover the rest

I am requesting a scholarship to cover the full amount

(Lunches will not be provided, student must bring lunch)

**MEDIA RELEASE:** I give permission for the above named student to be photographed and/or videotaped by the Waynesville R-VI School District as well as the other agencies involved in supporting the Adventure Leadership Camp. I further agree that these photographs and/or videotapes may be used in any Waynesville R-VI School District publication.

**LIABILITY WAIVER:** I, on behalf of my above named child recognize that there are risks inherent to participation in recreational activities and agree to hold harmless Waynesville R-VI School District, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which may result from participation in any and all activities sponsored by Waynesville R-VI School District. These activities may include any of the following: service projects on and off campus, canoeing, obstacles courses, land navigation, high or low ropes courses, water activities, camping, bowling, and others. I understand that some activities may take place at off campus locations including, but not limited to Waynesville, St. Robert, Fort Leonard Wood, and/or Steelville areas. Transportation to and from all camp-related activities will be provided by the Waynesville R-VI School District.

**WAIVER, RELEASE AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS:**

The undersigned hereby acknowledges that the Waynesville R-VI School District does not carry medical pay coverage for its premises or vehicles. The undersigned further acknowledges that the activity listed herein may result in person injuries to the participants. The undersigned further acknowledges that the activity is outside the direct supervision of the school district. Accordingly, the undersigned hereby assumes the risk of any injuries resulting from the activity listed herein. In consideration of Adventure Leadership Camp, by \_\_\_\_\_ (student's name), the undersigned hereby releases from any legal liability the school district, its administrators, board members, teachers, employees, volunteers and agents from any and all liability for damage, injury or death, or any claim based upon negligence on the part of the school district or any of its board members, administrators, teachers, employees, volunteers or agents arising out of or related to the participation mentioned above. In the event any person not a party to this agreement, make any claim or file any lawsuit against the school district/community college, board members, administrators, teachers, employees or agents relating to the participation mentioned above, the undersigned agrees to indemnify (that is, reimburse if necessary), defend and hold harmless the school district, board members, administrators, teachers, employees and agents, from any and all such claims and lawsuits, including the payment of all damages, expenses, costs and attorney's fees.

I, (student's signature) \_\_\_\_\_ understand and agree to follow Student Rights and Responsibilities, the School Rules and the Bus Rules while participating in the Adventure Leadership Camp. I understand that failure to follow these rules may result in the early termination of my camp attendance and/or loss of credit through the summer school program (high school only).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Payment Type:  Cash  Check \_\_\_\_\_ (Check Number)

Approved Full Amount (Yes / No) \_\_\_\_\_

Approved for Partial Amount ( Yes / No ) Amount: \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_

For office use only



WAYNESVILLE R-VI SCHOOLS  
**Student Medical Form**

Please notify the nurse immediately regarding any change in the following information

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical \_\_\_\_\_

Allergies: Medication \_\_\_\_\_  
 Food \_\_\_\_\_  
 (If a special lunch is requested, a Dietary Request form signed by the doctor and parent must be on file with the school nurse)  
 Seasonal \_\_\_\_\_  
 Severe Bee/Insect \_\_\_\_\_  
 Other \_\_\_\_\_

Prescribed Daily Medications:

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason for medication \_\_\_\_\_  
 Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason for medication \_\_\_\_\_

A medical authorization form must be on file in the nurse's office if medications are to be dispensed. This form must be signed by the parent for over the counter medications and signed by the parent and doctor for prescription medications before any medication can be given by the school. A new form must be presented to the school each new school year. Medications must be in the original container. Students are not allowed to transport medications except when authorized by a physician.

Medical problems diagnosed within the last year \_\_\_\_\_

Please check any of the following areas of health concern applicable to your child:

- ADD
- Asthma
- Diabetes
- Heart
- Vision (uncorrectable)
- ADHD
- Bleeding Disorder
- Epilepsy (Seizures)
- Hearing
- Other \_\_\_\_\_
- Anemia
- Contact lenses ( soft /  hard)
- Glasses
- Sickle cell anemia

Please explain above problems in further detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All students will participate in regular physical education program unless a Physical Excuse Form, signed by the physician, is on record in the nurse's office at the school. The student will be placed in an Adaptive Physical Education Program if he/she is unable to participate in the regular program.

I. Check all boxes below indicating you grant permission for your child to receive the appropriate dosage for his/her age and weight of the following over the counter medications for pain, cough, sore throat, skin irritations, tooth pain, or fever of 100 degrees or above:

- Antibiotic ointment (Neosporin, Bacitracin)
- Chloroseptic Spray
- Cough drops
- Tums
- Orajel
- Motrin or its generic form per manufacturer's instructions
- Tylenol or generic form per manufacturer's instructions

II. In the event of a medical emergency, as determined by the school nurse or other responsible staff member, it is the policy of the Waynesville R-VI School District to dial 911 immediately to obtain emergency medical services and/or transport to the nearest approved medical facility. The school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

If refused, please state in writing the action to be taken in the event of an emergency: \_\_\_\_\_  
 \_\_\_\_\_

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



Last Name \_\_\_\_\_

# ARK Application Form

Membership  Group Fitness  Day Pass

Name of Person Completing Application \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender *F or M* Preferred Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Name /Number \_\_\_\_\_

How did you learn about The ARK?  Brochure  Friend  Facebook  Website  Other: \_\_\_\_\_

### Additional Name(s)

	<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Gender</u>
1.	_____	_____	_____	<i>F or M</i>
2.	_____	_____	_____	<i>F or M</i>
3.	_____	_____	_____	<i>F or M</i>
4.	_____	_____	_____	<i>F or M</i>
5.	_____	_____	_____	<i>F or M</i>
6.	_____	_____	_____	<i>F or M</i>

### Membership Type

Youth  Adult  Couple  Single Parent Family  Family  Senior Adult  Senior Couple

*Membership Term*  1 month  3 month  6 month  1 year

### Waiver and Release of Liability:

The ARK Community and Sports Center is not responsible for any injury or loss of property suffered while participating in ARK activities, using equipment, or on premises, for any reason whatsoever, including ordinary negligence on the part of the, its officials, employees, instructors, or agents. In consideration of my family's and my ability to use The ARK for fitness activities, I hereby release and covenant not to sue The ARK, its officials, employees, instructors, or agents from any and all present and future claims resulting from my participation in activities both present and future, that may be made by me, my family, estate, heirs, or assigns. I represent that I am in good health. I am aware that health and fitness activities may range from vigorous cardiovascular activity to the exertion of strength training and that these, and other activities at The ARK involve certain risks, including but not limited to death, disability, serious neck, and spinal injuries resulting in complete paralysis, heart attacks, and injury to bones, joints, or muscles. My family and I are voluntarily participating in activities with full knowledge of the inherent risks of property damage, personal injury and/or death. I understand that The ARK encourages me to consult with a physician before beginning any exercise program. I understand this waiver to be broad and inclusive as the laws of the state of Missouri will permit and affirm that I am of legal age to freely sign this waiver. I have read this waiver and fully understand the terms of this waiver. I agree to comply with the rules of The ARK. The ARK has the right to terminate my ARK privileges and remove me from the facility at any time if (a) I behave in a manner contrary to The ARK's mission, (b) I appear to be involved in criminal acts, or (c) I behave in a way that disrupts The ARK's operations. I understand that taking pictures in the locker rooms is not allowed.

\_\_\_\_\_  
**Signature of Participant** (If under 18, parent/legal guardian) / **Date**

### For Office Use Only

Amount Received: \_\_\_\_\_ Payment Method:  Cash  Credit Card  Check # \_\_\_\_\_  Other \_\_\_\_\_

Auto Pay  Yes  No

Date of Purchase: \_\_\_\_\_ Staff: \_\_\_\_\_ Reviewed By: \_\_\_\_\_



Waynesville R-VI School District  
Adventure Leadership Camp Scholarship Request Form

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Camp attending:

7<sup>th</sup>-8<sup>th</sup> Grade Camp: June 16-20, 2014

4<sup>th</sup>-6<sup>th</sup> Grade Camp: July 7-11, 2014

Are any additional members of the household planning on attending the camp as well?

Yes

No

If yes, please list the students' names and camps they are attending (only one form will be required for students in the same family).

Student Name

Grade Level

Camp Date

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

**For office use only:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for:  Full Amount  Partial Amount  Other: \_\_\_\_\_