

Nature Trek 360°

Science in the Summer is:

1. A three day/two night learning adventure at Natural Tunnel State Park.
2. Open to students who will be going into 5th, 6th, or 7th, grades during the 2018-2019 school year;
3. Limited to 20 students per week, register early; we make every effort to place students from the same school together and for the date requested, but sometimes this is not possible. Preference will be given to students who have *not* attended before; selection will be based on date of application.
4. Parents are responsible for dropping-off and picking-up their children, at the Cove Ridge Center within Natural Tunnel State Park, the first and last days of each of the two camps.

*A complete description of the activities, registration form, permission slip, medical form and packing list is included on the following pages. To attend this program you must complete and return the following to the school of the student: **Nature Trek 360° Medical Form, Nature Trek 360° Permission Form and Photographic / Videographic Use Release Form.***

Session 1: July 17-19

Session 2: July 24-26

In compliance with the Executive Order 11246; Title II of the Education Amendments of 1976; Title VI of the Civil Rights Act of 1972; Title IX Regulation 1964 and Implementing Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; the Genetic Information Nondiscrimination Act (GINA) of 2008 and all other Federal, State, School rules, laws, regulations, and policies, Scott County Public Schools shall not discriminate on the basis of race, color, religion, national origin, political affiliation, gender/sex (including pregnant and parenting students), age, marital status, disability, or genetic information in any educational program including vocational education for career and technical students, daily activities or extra-curricular activities, or the admission to such programs or activities, and provides equal access to the Boy Scouts and other designated youth groups. Contact Brenda Robinette Nondiscrimination Compliance Officer, Jason Smith, or Jennifer Frazier at 276-386-6118, Scott County School Board Office for further information pertaining to nondiscrimination or to file a complaint

Nature Trek 360° Application / Medical Form

Which session would your child like to attend? ____ Session 1 July 17-19, 2018
____ Session 2 July 24-26, 2018

Has your child attended a Nature Trek 360°Camp before? ____ Yes ____ NO

Please Print

Student Name: _____ Sex ____ Age ____

Home Address _____

City: _____ ZIP: _____ Home Phone: _____

Parent Email: _____

School: _____ Grade (2018-2019): _____

Shirt Size PLEASE NOTE ALL SHIRTS RUN SMALL!!! Circle one!

Youth	S (6-8)	M (10-12)	L (12-14)	XL (1416)
Adult	S	M	L	XL

Place a check mark by any problems listed below that your child experiences.

<input type="checkbox"/> Allergies	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fear of Heights	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Foot Trouble	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nausea
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Other

Please list any special dietary needs or allergies: _____

List and describe any major surgical operations within the last two years: _____

List any physical impairment that might influence your ability to participate in scheduled activities. _____

Date of last tetanus or booster: _____

List any reactions to medication: _____

List any other special medical problems: _____

Family Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Parent Comments:



Nature Trek 360° Permission Form

I give permission for my child, _____, to participate in the Nature Trek 360° program at Natural Tunnel State Park. I accept the fact that when students learn in the outdoors there is a greater risk for injury than when the child is learning in a school classroom. Therefore, I do agree not to hold the Board of Education, any school system employee, the Cove Ridge Foundation, Virginia State Parks, park employees, or volunteers assisting with the program liable if my child is injured while participating in any Nature Trek 360° activities including swimming, hiking, backpacking, caving, canoeing, etc.

I understand that if my child violates school rules to the degree that the violation is judged to be a major violation by the teachers chaperoning the students, my child will be sent home. No money will be refunded to the school.

(Parent's Signature)

(Date)

EMERGENCY AUTHORIZATION: In the event that I cannot be reached in an emergency, I hereby give permission to the physicians, selected by the Nature Trek 360° staff, to secure proper treatment for my child _____

Signature of parent or guardian: _____

Insurance Company: _____

Insurance policy: _____

Daytime emergency phone: _____

Evening emergency phone: _____



Matthew J. Strickler
Secretary of Natural Resources

Clyde E. Cristman
Director



COMMONWEALTH of VIRGINIA
DEPARTMENT OF CONSERVATION AND RECREATION

Rochelle Altholz
Deputy Director of
Administration and Finance

Russell W. Baxter
Deputy Director of
Dam Safety & Floodplain
Management and Soil & Water
Conservation

Thomas L. Smith
Deputy Director of Operations

Photographic/Videographic Use Release Form

In return for valuable consideration, receipt of which is acknowledged, I,

_____, give the Virginia Department of Conservation and

Recreation and their agents or assigns, permission to use photographs taken of me on (date)

_____, for use in any form of publication, promotion or for any

other purposes.

Signed _____

Address _____

As parent or guardian of the above mentioned person (if under 18 years old), I consent to the above release and signature thereto and to the uses therein set forth.

Signed _____

Address _____
