

ACADIAN CULTURAL CENTER 2009 CULTURAL CAMP APPLICATION

- Parents/Guardians- **KEEP THIS PAGE** for your reference and information.
- **Cultural Camp is filled on a first-come first-serve basis. Registration begins January 12, 2009 and continues until camps are full.**
- Three page application form and camper questionnaire must be completed for each camper and signed by parent/guardian. Applications must be sent with payment to: Cultural Camp, Acadian Cultural Center, 501 Fisher Road, Lafayette, LA 70508.
- A \$25.00 supply and material fee for the 6 to 8 year olds and a \$50.00 supply and material fee for the 9 to 11 year olds (payable in cash, check, or money order to "**EASTERN NATIONAL**") is required. **IMPORTANT NOTICE: Eastern National has adopted the policy that fees will be non-refundable.**
- Photo Release Form included.
- Camp packets will be mailed two weeks prior to the start of camp and will include a camp schedule and reminder page.
- As a reminder for you, circle the session of Cultural Camp that your child will be attending:

Ages 6-8
June 8 – 12, 2009
July 6-10, 2009

Ages 9-11
June 22-26, 2009
July 20-24, 2009

Summer Camp details:

Camp for children ages 6-8 begins **promptly** at 8:30 a.m. and ends at 12:30 p.m. Monday through Friday. Camp for children ages 9-11 begins **promptly** at 8:30 a.m. and ends at 3:00 p.m. Monday through Thursday, with Friday's closing ceremony ending at 12:30 p.m.

Please bring your child no earlier than 8:00 a.m. so that staff has adequate preparation time each day. Pick up is 12:30 p.m. and 3:00 p.m. for corresponding ages. Parent/Guardians will be asked to sign in and out when picking up and dropping off campers every day of camp.

All Campers must come with a picnic lunch, beverage, water bottle and towel every day. Please label all items with campers name so that items do not get lost. Snacks will be provided. Campers should come dressed in play clothes with sneakers or other sturdy shoes. It may be necessary to apply sunscreen and insect repellent before bringing your child to Cultural Camp.

Parents are encouraged to meet the Cultural Camp staff on the first day of camp. All camp programs are accessible for parents at any time of the day, any day of the week.

Parents and family are invited to attend concluding activities on Friday from 12:00 p.m. - 12:30 p.m. for the 6-8 year olds and for 9-11 year olds.

If you have to pick your child up early, please inform camp staff as soon as possible. Not all programs are located in the same place each day and the camp schedule is subject to change. If you will be late picking up your child or have an emergency please call: **Summer Camp Staff on (337) 232-0789 ext. 11**

Camper's Name:

Age:

Birth date:

Grade:

School name:

Male___ Female___

- Circle camp session: (only ONE week-long session per camper)

Ages 6-8:

June 8-12, 2009

July 6-10, 2009

Ages 9-11:

June 22-26, 2009

July 20-24, 2009

Parent's/Guardian's Name:

Address:

City, State, Zip Code:

Email address:

Name/Phone number (day):

Name/Cell phone number:

Name/Phone number (evening):

Name/Cell phone number:

Emergency Contact:

(In the event parent/guardian listed above cannot be reached.)

Name:

Relation:

Phone number:

Cell phone number:

EMERGENCY CARE CONSENT

In case of illness or accident while my child is under the care and supervision of the Acadian Cultural Center Cultural Camp Staff, I the undersigned, hereby consent to National Park Service authorized staff to provide emergency first aid and /or administer emergency care and/or treatment through a clinic/ a doctor and /or hospital should they feel it necessary. I also agree to pay the entire cost and fees contingent upon emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement will continue as long as the participant is registered for Jean Lafitte National Historical Park and Preserve's Cultural Camp 2009.

(Signature of parent/guardian)

(Date)

Your child will be released only to the following; in addition to the mentioned parent/guardian and emergency contact listed on page 1:

Name:	Relation to child:
Phone number:	Cell phone number:
Name:	Relation to child:
Phone number:	Cell phone number:
Name:	Relation to child:
Phone number:	Cell phone number:

Please answer the following questions regarding your child/guardian:

Does your child have any allergies including food allergies? **Yes** **No** If yes, please explain.

Does your child have any significant medical or behavioral problems that we should be aware of? **Yes** **No** If yes, please explain.

Is your child currently taking medication? **Yes** **No** If yes, please explain.

(Optional)

Who is the participant's primary medical provider? *(Please provide complete information, including doctor's name, address and phone number.)*

Name:

Address:

Phone #:

Does your child have specific fears? (darkness, spiders, animals, water, boats, etc.)

May we have permission to photograph your child in the group/camp setting and use strictly for camp publicity purposes? Yes **No** If yes, please fill out the attached Photo Release Form and return it with this application.

Where did you hear about Cultural Camp? (friend, newspaper, website, etc)

Additional information you may find useful to share with staff:

Participation Consent

This is to certify that _____ has received my permission to participate in the National Park Service sponsored Cultural Camp at the Acadian Cultural Center of Jean Lafitte National Historical Park and Preserve during the week of (please circle):

Ages 6-8:	June 8-12, 2009	or	July 6-10, 2009	8:30 a.m. – 12:30 p.m.
Ages 9-11:	June 22-26, 2009	or	July 20-24, 2009	8:30 a.m. – 3:00 p.m. (Friday's at 12:30 p.m.)

(Signature of parent/guardian)

(Date)

Acadian Cultural Center Camp Application Camper Questionnaire

Return completed questionnaire with application.

NAME:

SCHOOL:

NICKNAME:

AGE:

Why do you want to participate in Summer Camp? (Parents, please assist child if necessary, with answering any of these sentences.)

What is your favorite animal?

What is your favorite hobby?

What is your favorite snack food?

National Park Service Release Form

I hereby grant the National Park Service, or its authorized representatives and contractors, the right to make visual recordings, audio recordings, still images, and/or to otherwise capture material of me and any minor child under my control at the time the material is collected.

I hereby agree that the material will become the property of the National Park Service and will not be returned. As such, I agree that the National Park Service and its assigns have the right to reproduce, prepare derivative works of, distribute or display and use these materials in whole or in part, for government and non-government purposes, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages throughout the world. Use of this material shall include, but not be limited to, audiovisual programs; museum exhibits; websites; publications; product artwork; and project publicity. Additionally, I waive the right to inspect or approve any use of the material and any right to royalties or other compensation arising or related to the use of the material.

I hereby hold harmless and release and forever discharge the National Park Service from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I agree to indemnify and hold the Government harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the activities associated with the project in which I am taking part.

Description of Material: _____

Signature/Date: _____

Printed Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (please include area code): _____

Organization/Group Name (if applicable): _____

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date _____

Parent or Guardian's Printed Signature _____

For NPS/Contractor Administrative Use Only:

Park Project	Location	Date	Contractor	NPS	COR
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Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579), 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form. The data you furnish will be used only to provide the National Park Service with contact information pertaining to this release form.

NPS Release Form 09/12/2008
National Park Service
U.S. Department of the Interior