

ACADIAN CULTURAL CENTER 2019 CULTURE CAMP APPLICATION

- Parents/Guardians- **KEEP THIS PAGE** for your reference and information.
- **Culture Camps are filled on a first-come first-serve basis.**
- An application form must be completed for each camper and signed by parent/guardian. Applications must be sent with payment to: Culture Camp, Acadian Cultural Center, 501 Fisher Road, Lafayette, LA 70508. Photo Release Form included.
- A \$30.00 supply and material fee for the 6 to 8 year olds and a \$60.00 supply and material fee for the 9 to 11 year olds, payable in cash, check, or money order to "**EASTERN NATIONAL**" is required (credit cards not accepted.) **IMPORTANT NOTICE: Eastern National has adopted the policy of; "fees will be non-refundable."**
- Camp packets will be emailed two weeks prior to the start of camp and will include a camp schedule, general information page, and camper rules.
- As a reminder for you, circle or highlight the session of Cultural Camp that your child will be attending:

Culture Camp
Ages 6-8
June 3-7, 2019
June 24-28, 2019

Nature Camp
Ages 9-11
June 10-14, 2019
June 17-June 21, 2019

(Please note, as the application contains personal information, application will be destroyed in its entirety once camp has concluded.)

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. Pick up is 12:30 p.m. and 3:00 p.m. for corresponding ages. Parent/Guardians are required to sign campers in and out when picking up and dropping off **every day** of camp.

Campers must come with a picnic lunch (even on Friday), beverage, water bottle and towel every day. Please label all items with campers name so 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, please check the schedule each day to see what activities are planned. We will send out reminders.

Parents are encouraged to meet the Culture Camp staff. All camp programs are accessible for parents at any time of the day, any day of the week. Should an adult wish to assist, a background check is required ahead of time.

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, have an emergency, or need to speak to a Ranger, please call:

Camp Staff on (337) 232-0789 ext. 201

Camper's Name: Age Range: 6-8 or 9-11

School: Grade (going to):

All programs are created according to grade levels, therefore knowledge, skills, and abilities are taken into consideration for participation. Campers must be the minimum or maximum age by the first day of the camp they are registered for. If it is discovered that any child is outside of the minimum/maximum age range, they will be dismissed from camp without refund.

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

CULTURE CAMP
Ages 6-8:
June 3-7, 2019
June 24-28, 2019

NATURE CAMP
Ages 9-11:
June 10-14, 2019
June 17-21, 2019

I hereby give permission for my child to participate in the National Park Service sponsored Culture Camp being held at Jean Lafitte National Historical Park and Preserve's Acadian Cultural Center on the above listed week. This includes all field trips campers attend as well.

Signature

Date

Parent's or Guardian's Names:
Email address:

Name/Daytime phone number:
1)
2)

Name/Cell phone number:
1)
2)

Emergency Contact: (In the event parents/guardians 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 Culture 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 Culture Camp 2019.

(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:

Since we provide snacks and will be in charge of the safety and well-being of your camper, please answer the following questions regarding your child/guardian:

Does your child have any allergies including food allergies that we should be aware of?
 Yes **No** If yes, please explain.

What is your child's favorite snack food?

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

Is your child currently taking medication that needs to be administered during their time at camp that we should be aware of? **Yes** **No** If yes, please explain.

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, signed, and return it with this application.

Where did you hear about Culture Camp? (newspaper, internet, friend, etc.)

Information you may find useful to share with staff (optional):

Experience Your America™

The National Park Service cares for special places saved by the American people so that all may experience our heritage.

Photo Release Form

**National Park Service
U.S. Department of the Interior**

I hereby grant the National Park Service permission to use my likeness in a photograph in any and all publications for Government or nongovernment purposes, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the National Park Service and will not be returned.

I hereby irrevocably authorize the National Park Service to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the National Park Service's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

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 photographed activities in which I am taking part.

Signature/Date

Printed Name/Date

Address

City State Zip Code

Phone

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 my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date

Parent or Guardian's Printed Name/Date

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.

08/2006