

Junior Ranger Mini Spring Camp 2020 (for ages 5-7)



F. D. Roosevelt State Park

Wed, June 10 – Thurs, June 11

9:00 AM-3:00 PM

REGISTER NOW! Space is limited

Campers will discover the natural wonders of the park from 9:00 AM to 3:00 PM for two fabulous days \$80 fee includes parking pass, nature and trail discoveries, craft project, wildlife activities and outstanding instructors. Camp meets in the enclosed Group Shelter below the dam in the campground area. For questions, contact the park at (706)663-4858 or email the rangers at fdrpark_naturalist@yahoo.com.

Experience this Hands-on, Outdoor Adventure

Camp is limited and is based on a first-come, first-served, space available basis. If a registered camper is withdrawn before camp begins but after payment has been made, there is no refund available.

General Schedule

8:45 AM-	Drop off, check-in Group Shelter, <u>do not be late</u>
9:00 AM	Journaling Activities
10:00 AM	Nature Lab Activities & Crafts
11:15 AM	Lunch
12:00 PM	Outdoor Adventures
1:30 PM	Field Trip to The Little White House (Tues)/Swim (Wed-Fri)
3:00 PM	Parent pickup at Group Shelter on Tues, Pool on Wed-Fri. <u>Do not be late.</u>

What campers should bring each day

Picnic Lunch

Water Bottle

Swimsuit, towel (Wed-Fri)

Change of play clothes (including socks)

Wear tennis shoes and old play clothes that can get dirty

Bring shoulder-strap backpack (not a carry bag)

Sunscreen

Insect Repellant

No flip flops, crocs, or sandals!

No cell phones or electronic devices!



Jr. Ranger Mini Spring Camp 2020

Registration Form



Please return this 2 page form ASAP to : FAX: 706-663-8906; email: fdrpark_naturalist@yahoo.com or
In person or mail to: F. D. Roosevelt State Park 2970 GA Highway 190 Pine Mountain, GA 31822
Phone: (706)663-4858. Campers are not registered until payment is received.

Camper's Name: _____

Age: _____ Grade (2019-2020 year): _____

Parent/Guardian: _____ Home Phone: _____

Cell: _____ Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please list contact information of authorized adults with permission to pick-up your child.

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

Please list 2 contacts other than parent/guardian to contact in case of an emergency:

Name: _____ Relation: _____

Phone: _____

Name: _____ Relation: _____

Phone: _____

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My child has the following known allergies, medications, and significant medical history:

Anything else Park Staff should know about your child to help him or her have a better camp experience:

Camper Release Form

I understand that the F. D. Roosevelt State Park and the Georgia State Park Service are not responsible for any camper's personal items (money, clothing, electronics. etc.). I have discussed appropriate behavior with my child and understand that inappropriate behavior and/or not following rules may result in dismissal from the program with no monetary refund. I also give the Park permission to use photographs of my child either online, in the newspaper, or in print to promote Georgia State Parks' programming.

Print Name _____ Relation to Camper _____

Signature _____

Date _____

For Park Use Only

Date received: _____ By: FAX email In person

Complete registration? Yes or No Missing: _____

Confirmed: _____

PAID: _____ By: CC check cash

