

Friends of the North Fork of the Shenandoah River

North Fork Explorers Summer Camp



For rising 9th to current 12th graders
Monday – Friday, June 19-23, 2017

- June 19th – 22st, Spruce Knob Mountain Center in Circleville, WV
- June 23, Kayak Trip on the North Fork of the Shenandoah River in Shenandoah County, VA

Cost: \$75.00 per participant

This camp is funded by support from the Chesapeake Bay Restoration Fund.

This summer enrichment environmental education experience will focus on the Shenandoah River and the Appalachian Mountains as part of the Chesapeake Bay Watershed. This program is designed to increase awareness of the Chesapeake Bay's connection to the Potomac and Shenandoah Rivers and their tributaries and the issues surrounding their current and future health. Students will learn about environmental issues, water issues, scientific reasoning and investigation, problem solving & stewardship of our natural resources.



- Backpacking and Hiking
- Wilderness Camping
- Orienteering with Map and Compass
- Cave Ecology and Exploration
- Stream Ecology and Exploration
- Mountain Geology and Watersheds
- Teambuilding Games & Initiatives
- Kayaking
- Survival Skills
- Campfires
- Hiking to Seneca Rocks

REGISTRATION OPENS on MAY 8, 2017

with the Shenandoah County Parks and Recreation

Deadline to register is June 7

See back for registration form

For more information,

visit www.fnfsr.org/summer-camps-2017

or contact Friends of the North Fork at:

friends@fnfsr.net or 540-459-8550





Shenandoah County Parks and Recreation

600 North Main Street, Suite 108 Woodstock, VA 22664 | 540-459-6777 | www.scpri.info

HOUSEHOLD INFORMATION: (only ONE household per form)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Home #: _____ Email: _____

Emergency Contact Name: _____ Phone #: _____

PARTICIPANT NAME	D.O.B.	M/F	GRADE	ACTIVITY NAME	ACTIVITY #	SHIRT SIZE	FEE
John Doe	01/02/2000	M	5th	Karate	123456-A	YM	\$38

YES! I would like to make a donation to the SCPR "Punky Riley Scholarship Fund" in the amount of \$ _____

- FOUR WAYS TO REGISTER:**
1. On-Line - 24 hour convenience. Visa, MC, Discover accepted.
 2. Mail In - Send payment and registration form to our office.
 3. Walk In - Come by our office to complete registration.
 4. Fax In - Fax registration form with CC payment.

TOTAL: _____

RELEASE: I know that participating in the program named above is a potentially hazardous activity. I should not register and/or participate unless I am medically and physically able. I assume all risks associated with participating in the program above including, but not limited to, falls, contact with other participants, and the effects of the weather (including high heat and/or humidity,) all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release Shenandoah County Parks & Recreation, Shenandoah County, any and all partners, sponsors, officials, volunteers, instructors, coaches, and their representatives and successors from all claims or liabilities of any kind arising out of my participation in the program above, even though that liability may rise out of negligence or carelessness on the part of the person(s) named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of me for any legitimate purpose. IF PARTICIPANT IS UNDER 18: This is to certify that I acknowledge and agree to the above for my son/daughter/ward, and that my son/daughter/ward has my permission to participate in the program above, is in good medical and physical condition, and that Shenandoah County Parks & Recreation employees, volunteers, officials, instructors, and/or coaches have my permission to authorize emergency medical treatment if necessary. I grant permission to all of the aforementioned to use any photographs, motion pictures, recordings, or any other record of my child for any legitimate purpose.

Signature of Participant, Parent or Guardian: _____ Date: _____

CREDIT CARD PAYMENT: Visa Mastercard Discover

Card #: _____ Exp. Date: ____/____/____ Amt to be Charged: \$ _____

Cardholder Name (print): _____ Signature: _____

<input type="checkbox"/> Check (payable to 'SCPR')	<input type="checkbox"/> Cash	<input type="checkbox"/> OFFICE USE ONLY: Credit Card	<input type="checkbox"/> Gift Card	<input type="checkbox"/> Scholarship Awarded
Check #: _____	Date Received: _____	Staff Member: _____		