

Date: _____
Time Rec.: _____
Administrative Use

Homewaters Camp

2025 Program Registration Information

Registration for Homewaters will begin May 5th on a first-come first-serve basis.

<u>Programs:</u>	<u>Fees:*</u>	<u>Fees (all others):*</u>
Homewaters Camp	\$50.00	N/A

***Payment is due at the time of registration- listed below is how to pay for the camp.**

Scholarships: We are able to offer full and partial scholarships to students who need a scholarship. You can ask for one by calling the Sacajawea Center at 208.756.1188 or emailing savey@sacajaweacenter.org

NOTE:

- The camp is filled on a first-registered, first-served basis.
- Full payment is due at the time of registration.
- Complete one registration form for each individual registering for the camp.
 - You can mail your registration form to: Sacajawea Center/City of Salmon; 200 Main Street; Salmon, ID 83467
 - Or deliver it to the Sacajawea Center at 2700 Main Street or City Hall at 200 Main Street. City Hall’s office hours are 8:00am- 4:45pm, Mon.–Fri. unless closed for holiday.
 - Payment may be made by check or money order payable to the **Sacajawea Center.**

Registration Confirmation:

An email will be sent confirming the camp dates and information on the camp. During camp, our staff will attempt to reach students via email and/or telephone with important information regarding the camp, like inclement weather concerns or change of location on-site.

Refunds & Insufficient Funds Charges:

- A refund of camp tuition will be given if the camp is cancelled OR you cancel on or before June 6th.
- A non-sufficient fund (NSF) check will be charged a \$25.00 service fee.

HOMEWATERS REGISTRATION FORM

Please complete one registration form for each participant.

*required field

Student Name (print)*: _____ Age*: _____ Sex*: M / F

Grade Student is entering in Fall 2025: _____

Parent/Guardian Name (print)*: _____ Today's Date*: _____

Address*: _____
Street City State Zip

What's the best way to contact you? _____ Email*: _____

Primary Phone*: _____ Secondary Phone: _____

By signing below I give permission for my child (named above) to attend the program listed above at the Sacajawea Center. Classes and workshops may involve outdoor activities and the use of potentially harmful equipment. I voluntarily elect to assume all risks of loss, damage, or injury that may be sustained by myself and/or child, or any personal property, in the course of participation in this program. I hereby knowingly, freely, and voluntarily release, indemnify, and hold harmless the Sacajawea Center, the City of Salmon, River of No Return Trout Unlimited Chapter, Trout Unlimited, and any of its agents from liability, claims, demands, or course of action arising out of any loss to me or my child due to, or related to, participation in programs or the use of equipment supplied to myself and/or my daughter/son in connection with the programs.

Parent/Guardian or Participant's Signature Date

NOTE: PLEASE FILL OUT THE ATTACHED ADDITIONAL EMERGENCY CONTACT INFORMATION AND ALL BEHAVIORAL/ALLERGY/MEDICAL CONDITIONS THE STAFF SHOULD BE AWARE OF BEFORE ATTENDING CAMP.

Two weeks before camp, a packet with camp specific information such as what to bring and what to expect as well as an agenda will be emailed out to all enrolled campers.

Please check the box if you **DO NOT WANT YOUR CHILD PHOTOGRAPHED** during our Homewaters Camp. It will be you and your child's responsibility to alert the camera operator or stay out of photos. If images of your child are used, they will not be identified.

Mail or return completed registration form to:
Sacajawea Center, 2700 Main Street, Salmon, ID 83467
City Hall, 200 Main Street, Salmon, ID 83467

HOMEWATERS EMERGENCY CONTACT FORM

Please complete one registration form for each participant.

*required field

Student Name (print)*: _____ Age*: _____ Sex*: M / F

Emergency Contact Name: _____

Address*: _____
Street City State Zip

What's the best way to contact you? _____ Email*: _____

Primary Phone*: _____ Secondary Phone: _____

Secondary Emergency Contact Name: _____

Address*: _____
Street City State Zip

What's the best way to contact you? _____ Email*: _____

Primary Phone*: _____ Secondary Phone: _____

NOTE: PLEASE FILL OUT THE SPACE BELOW WITH ALL BEHAVIORAL/ALLERGY/MEDICAL CONDITIONS THE STAFF SHOULD BE AWARE OF BEFORE ATTENDING CAMP.

**Mail or return completed registration form to:
Sacajawea Center, 2700 Main Street, Salmon, ID 83467
City Hall, 200 Main Street, Salmon, ID 83467**

RELEASE FOR CHILD TO RIDE IN VAN:

Name of Child/ren

By signing this release, I am allowing my child/ren to ride in the van driven by Homewaters Camp leaders- Sacajawea Center (City of Salmon) and Trout Unlimited on Thursday, June 19th. The van ride is from the Sacajawea Center to the Lemhi County Museum and back.

I understand that by signing this release:

I voluntarily elect to assume all risks of loss, damage, or injury that may be sustained by myself and/or my daughter/son, or any personal property, in the course of participation in this program and riding in the van.

I hereby knowingly, freely, and voluntarily release, indemnify, and hold harmless the Sacajawea Center, the City of Salmon, River of No Return Trout Unlimited Chapter, Trout Unlimited, and any of its agents from liability, claims, demands, or course of action arising out of any loss to me or my child due to, or related to, participation in programs or the use of equipment supplied to myself and/or my daughter/son in connection with the programs.

Authorized by:

Parent(s)/Guardian(s) Print Date

Parent(s)/Guardian(s) Signature Date

EARLY DROP OFF AND/OR LATE PICK-UP REGISTRATION FORM:

Name of Child/ren

By signing this release, I am wanting my child to be included in the early drop off (7:45am) or late pick-up (5:15pm).

Early Dropoff: _____

Late Pickup: _____

I understand that by signing this release:

I hereby knowingly, freely, and voluntarily release, indemnify, and hold harmless the Sacajawea Center, the City of Salmon, River of No Return Trout Unlimited Chapter, and any of its agents from liability, claims, demands, or course of action arising out of any loss to me or my child due to, or related to, participation in programs or the use of equipment supplied to myself and/or my daughter/son in connection with the programs.

I will not drop child(ren) off before 7:45am and/or pick them up later than 5:15pm.

Authorized by:

Parent(s)/Guardian(s) Print Name

Parent(s)/Guardian(s) Signature

AUTHORIZATION TO PICK UP A CHILD FORM

Name of Child/ren

I hereby inform Homewaters Camp- Sacajawea Center (City of Salmon) and Trout Unlimited that the people listed below are authorized to pick up the above named child/ren at any time. Accordingly, Homewaters Camp- Sacajawea Center and Trout Unlimited is hereby instructed to release my child/ren into the care of the following people whenever they come to the Center.

AUTHORIZED PICK-UP PERSON (must be a minimum of 18 years old unless special written arrangements are made).

Approved name Relationship to child/ren Phone Number:

- 1. _____
- 2. _____
- 3. _____

I understand that:

Parents/guardians must inform Homewaters Camp-Sacajawea Center and Trout Unlimited in writing when the name of the person listed above will pick up their child/ren. This applies when the child's normal pickup routine varies.

Any person that picks up your child/ren maybe asked to provide a photo ID to the staff if they are not familiar with the person on the above list.

This document shall remain valid until edited or rescinded in writing by the parent/guardian.

Authorized by:

Parent(s)/Guardian(s) Print Date

Parent(s)/Guardian(s) Signature Date