

Delta Adventure Day Camp

June 10th-14th



When is the camp? June 10th-14th, 8 am-3 pm

Who can attend? Students who are currently in 3rd-6th grade.

What will we do during camp? Each day we will go on a different adventure to explore the wilderness along the Mississippi River. Activities will vary every day but all are designed to foster a deep connection between participants and the natural world. We will go on hikes to look for birds, turtles, and other animals, we will learn outdoor skills such as camping and boat safety and we will have the opportunity to play in nature by going kayaking, biking, and swimming. On the last day of the camp, we will go out with experienced guides to an island on the Mississippi River to learn about these remote areas.

How do I register? Mail the attached paperwork and \$25 registration fee to our office at 107 Perry St, Helena, AR 72342. Keep this sheet for your reference.

What should I bring? We will provide breakfast lunch and a snack. You should pack a water bottle, towel, and swimsuit.

When and where should I go for the camp? We will meet at our office at 107 Perry St, at the entrance to the Helena River Park. We will take a bus each day to our different locations. Students can be dropped off between 7:30 and 8 am. Most of our trips will leave early in the morning to avoid the heat so if you arrive after 8:15 you might miss the bus. Pick up will be between 3 pm and 3:30 pm.

Questions?

Contact Shannon McMulkin at 870-753-8954 or info@lowermsfoundation.org

Participant Information

Name: _____
Birth Date: _____ Age: _____
Current grade level: _____ School: _____
Address (Physical): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Address (Mailing, if different than above): _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____

Medical/ Dietary Information

Do you have any allergies, including allergies to food or medication? Yes / No
If yes, explain _____

Do you have any current or previous medical conditions that may impact your ability to participate in extended physical activity or time outside? Yes / No
If, yes, explain _____

Do you currently take any medication? Yes / No
If yes, what medication(s)? _____
How often do you need to take the medication(s)? _____

Do you have any dietary restrictions? I.e. vegetarian, gluten intolerance Yes / No
If yes, explain: _____

Is there any other information we should know about?

Emergency Contact 1

Name: _____ Relationship: _____
Phone: _____ Alternate Phone: _____

Emergency Contact 2

Name: _____ Relationship: _____
Phone: _____ Alternate Phone: _____

For Parents/Guardians of Participants Under 18:

If your child takes medication, do you want them to manage their own medication or would you like the camp leader to ensure they take it at the appropriate time?
 My child will manage their own medication
 I will give medication to the camp leader and allow them to manage the medication

Do you give camp leaders permission to administer over the counter medication to your child if needed such as Ibuprofen, Benadryl, topical creams?
 Camp leaders can give my student over the counter medication as needed
 Please contact me before giving my child any over the counter medication

* Parents will be asked to sign a liability form when they arrive on the first day of the program.