



"We have planned an exciting camp that will keep young children active and captivate their minds during their summer break. At our Environmental Center, the classrooms extend outside of the building – onto our trails, woods, and river – so we can provide exciting, hands-on activities for children to learn about nature and the environment. I invite children to enroll in our camp for a summer adventure."

Joseph N. DiVincenzo, Jr.



**Joseph N. DiVincenzo, Jr., Essex County Executive
And The Board of Chosen Freeholders**

Invite Children in 5th to 8th Grades to Participate in

WILDERNESS SKILLS SUMMER CAMP

June 29, 30 & July 1, 2, 2020

9:30am to 2:30pm; \$250 per child

Join *Senior Staff Naturalist David Alexander* for some exciting lessons in outdoor skill building. Participants will identify wild plants, learn to track animals, create fires, go canoeing, make natural cordage, build shelters & much more!

Campers should bring a nut free snack and lunch every day.



For registration information, please contact the Environmental Center at 973-228-8776



Department of Parks, Recreation and Cultural Affairs
ESSEX COUNTY ENVIRONMENTAL CENTER
621-B EAGLE ROCK AVENUE, ROSELAND, NEW JERSEY 07068
Phone: 973.228.8776 Fax: 973.228.3793
www.essexcountynj.org



~PUTTING ESSEX COUNTY FIRST~

Camp Details

Fee: \$250 per child.

Scholarships are available for families in need through acquired grant funding. For more information, please contact David Alexander at 973.228.8776 or dalexander@parks.essexcountynj.org.

Pre-registration and advance payment are required by June 25th.

Please make checks payable to "Essex County Parks." Cash, check, money orders and credit cards accepted. Minimum number of participants needed. Maximum of 15 children.

Refund Policy: If you cancel 3 weeks prior to the first day of camp, a full refund will be issued to you. If you cancel less than 3 weeks, you will not be eligible for a refund. **All cancellations must be put in writing.** This policy will prevent any chance of an error being made. Cancellation for a family emergency or illness will be handled on a case by case basis.

Length and Setting: Wilderness Skills Camps begin promptly at 9:30am and end at 2:30pm. Weather permitting, all participants are expected to explore the outdoors; prepare for wet/muddy conditions, apply insect repellent if preferred. Please, for children's safety, **NO open-toe shoes or flip-flops.**

Due to an increase in allergy concerns, the Essex County Environmental Center is no longer providing snacks to campers. We are kindly asking campers to bring their own **nut-free** snack and **nut-free** lunch from home.

Campers are required to be signed in and out at the ECEC front desk each camp day by a parent/guardian. If you are unable to pick up your child(ren) at dismissal time, please coordinate with someone and advise the Center of the change. **Please note, a late fee of \$10.00 for every 15 minutes after a quarter past camp end time, will be due at pick up.**

Prior to the start of camp, each child will receive information detailing how to prepare for camp.

The Essex County Environmental Center is a facility of the Essex County Parks System and is located in Essex County West Essex Park.

Registration Application

For students entering 5th through 8th grades
\$250 per child

I would like to register for the **WILDERNESS SKILLS CAMP 2020**

Dates: June 29, 30 & July 1, 2 9:30am to 2:30pm

Amount enclosed: \$ _____

Cash Check Money Order
 Credit Scholarship

Participant's Name: _____

Birth Date: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell/Alt. Phone: _____

Email: _____

Address: _____

City, State, Zip: _____

Medical Information: Does the participant have any limitations or allergies that would limit participation in any activities at the Essex County Environmental Center? **Please Explain and list medications (if applicable)**

If your child requires medication and cannot administer it on his/her own, a parent or guardian is preferred to do so; however, if absolutely necessary, the Environmental Center lead camp instructor is trained and willing to administer.

Emergency Contacts: Please provide a name and phone number for each person we may first contact in case of emergency.

 Contact #1: _____

 Contact #2: _____

In case of emergency, I allow the Staff of the Essex County Environmental Center to contact the above mentioned people as well as 911 or appropriate authorities (where applicable).

Parent/Guardian Signature: _____

Date: _____

Please Print Parent/Guardian Name: _____



**Essex County
Environmental Center**

621B Eagle Rock Avenue
Roseland, NJ 07068
Phone: 973.228.8776
Fax: 973.228.3793
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Photo Release and Consent Form

I hereby give my permission to the County of Essex, the Essex County Environmental Center, Traditional Earth Skills, its agents or employees, and to the photographer, my free and unlimited consent and permission to use photographs of the child named below in all forms, media and manners, without restriction as to changes or alterations, for advertising, trade, promotion, exhibition, or any other lawful purposes that have been obtained from his/her participation in programs sponsored by the Essex County Environmental Center or the County of Essex.

I waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I understand that the name and contact information of the child will be withheld from public disclosure.

Name of Child: _____

Name of Parent or Guardian: _____

Address: _____

I hereby agree to release, defend, and hold harmless the County of Essex, the Essex County Environmental Center, its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs or program participation.

I am signing this Release of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex, or the Essex County Environmental Center:

PARENT/GUARDIAN SIGNATURE **DATE**

WITNESS (Essex County Environmental Center Staff) **DATE**



**County of Essex Environmental Center
WARNING, WAIVER, AND RELEASE OF LIABILITY**

DATE: _____

In consideration of being given permission to participate in the:

Wilderness Skills Camp (the "Event") on (date[s]) June 29 – July 2

supervised by Essex County Environmental Center

I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the County of Essex, the Essex County Environmental Center or Traditional Earth Skills LLC as a result of my participation in the above listed Event. I realize that accidents and injuries can arise out of the Event, and accordingly, this release is intended to discharge the County, its trustees, officers, employees, commission members, and volunteers, and any public agencies from and against any and all liability arising out of or connected in any way with my participation in the Event. This waiver and release is binding upon my heirs and assigns.

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, and Release of Liability. I further acknowledge and agree that the reasons for my being requested to sign this Release have been fully explained to me and I understand them. If any provision, including any exception, part, phrase, or term, or the application thereof to any person or circumstance is held invalid, the application to other persons or circumstances shall not be affected thereby and the validity of this waiver in any and all other respects shall not be affected thereby.

I am signing this instrument of my own free will and I have not been influenced or coerced by any representative or employee of the County of Essex or the Essex County Environmental Center:

CHILD NAME **DATE**

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

PARENT/GUARDIAN SIGNATURE **DATE**

WITNESS (Essex County Environmental Center Staff) **DATE**

Please forward signed copies of this waiver form to:

**Department of Parks, Recreation & Cultural Affairs
Essex County Environmental Center
621-B Eagle Rock Avenue
Roseland, NJ 07068**

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER