

Raleigh Parks, Recreation and Cultural Resources Department

2016 Give Play Scholarship Application



Raleigh Parks, Recreation and Cultural Resources Department
919-996-4800 parks.raleighnc.gov

Give Play Scholarship

Important Information for Applicants

1. We will accept applications from January 15 - April 15, awarding scholarships first to applications received between January 15 and February 28, then to applications received between March 1 and April 15. Scholarships will be awarded as applications are received and will be based on availability of funds and/or availability of spaces in eligible camps.
2. This application requires a recommendation from a non-relative adult. Examples include teachers, coaches, mentors or other adults able to speak to the camper's interests and character. Do not wait until the last minute to ask for a recommendation!
3. A completed application does not guarantee a spot in camp!
4. You must submit a \$10 deposit with your application. Checks should be made payable to City of Raleigh. If you agree to accept placement in camp and change your mind less than 10 business days before the camp start date your deposit is forfeited. If your camper does not come to camp, you will forfeit your deposit.
5. Once your application is complete with ALL PAGES filled out, please mail it or drop it off at one of the following locations:

Walnut Creek Wetland Center

Attn: Give Play Scholarship
950 Peterson Street
Raleigh NC 27604

Pullen Arts Center

Attn: Give Play Scholarship
105 Pullen Road
Raleigh NC 27607

Or email it to **Give.Play@raleighnc.gov**

City of Oaks Foundation — The City of Oaks Foundation is a nonprofit conservation and youth development organization closely aligned with Raleigh's Parks, Recreation and Cultural Resources Department. The City of Oaks Foundation focuses on land and water conservation as well as connecting youth to nature.



Give Play Scholarship

Frequently Asked Questions

What is Give Play?

The City of Oaks Foundation and the City of Raleigh Parks Recreation and Cultural Resources Department support the Give Play initiative. The initiative seeks to remove cost as a barrier for getting children and teens engaged in park programs.

Who is eligible?

Campers ages 7-16. Please see the Camp Preference Form for camp specific age requirements. Campers do not have to be City of Raleigh residents to be eligible for this scholarship.

How much does it cost?

We are privileged to have the City of Oaks Foundation partnering to provide scholarships for nature and outdoor themed camps. Scholarships cover the full cost of enrollment in the camp. Each camper is required to submit a \$10 deposit with the application, which will be refunded upon completion of the camp week. Scholarships do not cover lunches and snacks; campers must bring their own lunch and snack each day. A limited number of scholarships for transportation to and from camp are available.

When is the camp?

There are multiple options for different camps throughout the summer. Each applicant is asked to mark their school schedule (traditional calendar vs year-round) on the application so that we can match camper availability with camp availability. If there are other weeks when the camper would not be able to attend camp during the summer, please list those on the application. If selected, the camper will be placed in the most suitable camp and notified accordingly.

What will camp be like?

Campers will enjoy spending time outdoors exploring a wide range of nature adventures and games. Campers will have the opportunity to participate in different activities including arts and crafts, hiking, boating, and various nature-themed events. Risks are minimal, especially if campers follow the instructions of the leader. Risks include slipping and falling, broken bones, bruises and scrapes, poison ivy or oak, snake bites, insect bites and stings, and sunburn. Campers should always wear closed toed shoes and clothes they don't mind getting dirty are recommended. All efforts are made to ensure the safety and well-being of all campers at all times.

Give Play Scholarship Application **Part I: Parent/Guardian**

Parent/Guardian Name _____

Home Address _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Preferred E-Mail _____

Camper Name _____

Camper Birthdate _____

Recommending Non-relative Adult _____

*Family Size _____

*Total Gross Income _____

*You may be asked to provide documentation for verification.

Camper School Schedule:

Traditional School Calendar

Year Round School Calendar: Track # _____

Modified School Calendar

Please list other weeks during the summer that your camper would not be available to come to camp:

Transportation Scholarship:

A limited number of transportation scholarships may be provided for accepted campers who are unable to get to and from camp.

If you wish to be considered for a transportation scholarship, please check and initial here: _____

I understand the time commitment for the camp that I've indicated and my child will attend all activities unless absence is unavoidable. I understand there is a \$10 deposit due with the application that will be refunded upon the completion of the program with satisfactory attendance and behavior. I understand that I forfeit my deposit if my child does not attend camp and/or if I agree to camp placement and change my mind less than 10 business days prior to the start of camp.

Parent/Guardian Signature _____

Date _____

First round applications must be received by February 28 at 5:00pm and second round applications by April 15 at 5:00pm.

Give Play Scholarship Application **Part II: Camper**

First Name _____ Last Name _____ Preferred Name _____

School _____ Grade _____ Age _____

1. What do you like best about nature?

2. Please list your interests, hobbies, and extracurricular activities.

3. Do you like being outdoors? What is your favorite thing to do outdoors?

4. If you received the Give Play Scholarship last summer, what was your favorite part of camp?

I _____ am excited about the Give Play Scholarship Program and if I'm accepted,

I understand that I need to come to camp every day and participate in all activities, unless my absence is unavoidable.

By signing this form, I am agreeing to this statement.

Camper Signature _____ Date _____

First round applications must be received by February 28 at 5:00pm and second round applications by April 15 at 5:00pm.

Give Play Scholarship Application **Part III: Non-relative Adult Recommendation**

Camper Name

Your Name

Preferred Phone Number

Relationship to Camper

1. What opportunities have you had to interact with the camper?

2. Would you recommend the camper for Give Play?

3. How will the camper benefit from the Give Play Program?

4. Please rate the camper in the following areas, using numbers from 1-5, with 5 being the highest rating.

A. Attitude

B. Maturity

C. Interest in Outdoors

D. Interest in Nature

Non-relative Adult Signature

Date

First round applications must be received by February 28 at 5:00pm and second round applications by April 15 at 5:00pm.

Camp Preference

Camper Name _____

Please make a copy for your records

Please select any camps and weeks that are of interest to you. This list is only intended for us to gauge your interest. Final camp placements will be based on camp availability.

Art4Fun II – Art and Nature					
Age: 11-16yrs. Frank Harmon, one of the architects who designed the center at Walnut Creek Wetland Park, believes you learn through drawing: 'When you draw, you really have to look at it,' he said. 'It's a way to discover and to remember.' (N&O, June 2013) In this camp, we will incorporate drawing, painting, papermaking, printmaking and more with lessons in preserving our plants, wildlife and fresh water supply. Daily activities will emphasize the natural synergy between nature and art, combining the richness of nature, the pleasure of art-making, fresh air and exploration.					
Location: Walnut Creek Wetland Center					
Weeks of Camp	Choices:	1st	2nd	3rd	
#184522 Jul 5-8 M-F 8:00am-5:30pm					
#184523 Jul 11-15 M-F 8:00am-5:30pm					
#184524 Jul 18-22 M-F 8:00am-5:30pm					

Nature Adventures					
Age: 7-16yrs. This nature-themed camp will have campers going outside and experiencing all Durant Nature Preserve has to offer. Campers will explore the forest, stream and pond while they make connections between the plants and animals living there. Each week will allow time for boating on the lake, hiking, in-depth nature exploration, hands-on experiments, crafts and other fun, nature-related activities. Campers should be comfortable being outside 100% of the camp day and able to hike up to two miles.					
Location: Durant Nature Preserve					
Weeks of Camp	Choices:	1st	2nd	3rd	
#185243 Jun 13-17 M-F 8:30am-5:00pm					
#185245 Jun 20-24 M-F 8:30am-5:00pm					
#185246 Jun 27-Jul 1 M-F 8:30am-5:00pm					
#185247 Jul 11-15 M-F 8:30am-5:00pm					
#185248 Jul 18-22 M-F 8:30am-5:00pm					
#185250 Jul 25-29 M-F 8:30am-5:00pm					
#185249 Aug 1-5 M-F 8:30am-5:00pm					

Adventure Camp – Outdoor Raleigh					
Age: 10-12yrs. Adventure Camp – Outdoor Raleigh gives campers a sampling of all the amazing outdoor adventures the City of Oaks has to offer. Each day is a new adventure as we hike, paddle, climb and ride all around our beautiful city. The mission of Outdoor Raleigh is to provide a wide range of adventure activities and build the skills necessary to enjoy the many outdoor recreation opportunities our city provides.					
Location: Sertoma Arts Center					
Weeks of Camp	Choices:	1st	2nd	3rd	
#184868 Jun 13-17 M-F 8:00am-5:30pm					
#184869 Jun 20-24 M-F 8:00am-5:30pm					
#184871 Jul 11-15 M-F 8:00am-5:30pm					
#184872 Jul 25-29 M-F 8:00am-5:30pm					
#184873 Aug 9-15 M-F 8:00am-5:30pm					

Adventure Camp – New Heights					
Age: 12-15yrs. This action-packed camp offers one week of fun daily activities that build climbing skills, character and a sense of team. Activities include high and low ropes course, top rope rock climbing, bouldering and swimming. The camp focuses on building the teamwork, communication and leadership skills necessary for an overnight trip at the end of the week. This overnight gives students the opportunity to apply all the skills they have learned in a culminating experience. The goal of this camp is to teach basic to intermediate climbing skills and expose participants to camping in an overnight setting.					
Location: Sertoma Arts Center					
Weeks of Camp	Choices:	1st	2nd	3rd	
#184807 Jul 18-22 M-F 8:00am-5:30pm					

Adventure Camp – Paddle Sports					
Age: 12-15yrs. This action-packed camp offers one week of fun daily activities that build paddling skills, character and a sense of team. Activities include kayaking, canoeing, paddle boarding and swimming. The camp focuses on building the teamwork, communication and leadership skills necessary for an overnight trip at the end of the week. This overnight gives students the opportunity to apply all the skills they have learned in a culminating experience. The goal of this camp is to teach basic to intermediate paddling skills and expose participants to camping in an overnight setting.					
Location: Sertoma Arts Center					
Weeks of Camp	Choices:	1st	2nd	3rd	
#184865 Aug 1-5 M-F 8:00am-5:30pm					

Wilkerson Science Explorers					
Age: 7-12yrs. Calling all nature and science geeks! This is a science camp with a balance of indoor and outdoor natural science activities. Come explore Wilkerson Nature Preserve as we use technology and our senses to examine the natural world around us. Count crayfish and other aquatic animals to measure the water quality of a stream. Use weather instruments to make your own forecast. Hike to a rock outcrop and explore its geological features. Study leaf cells and other natural materials under a microscope. Become a citizen scientist and help us monitor nest boxes and inventory the preserve's snakes, frogs, turtles, birds and insects.					
Location: Wilkerson Nature Preserve					
Weeks of Camp	Choices:	1st	2nd	3rd	
#185202 Jun 13-17 M-F 8:30am-5:00pm					
#185213 Jun 20-24 M-F 8:30am-5:00pm					

Camp Preference

Camper Name _____

Please make a copy for your records

Please select any camps and weeks that are of interest to you. This list is only intended for us to gauge your interest. Final camp placements will be based on camp availability.

Eco Explorers

Age: 7-10yrs. Eco-Explorers Day Camp allows campers to explore the natural world through wildlife observation, nature walks, mini-experiments and exploration. Campers will also enjoy arts and crafts and games. Campers ages 9-10 will travel twice a week for boating and swimming as weather and scheduling allow.

Location: **Powell Drive Park**

Weeks of Camp	Choices:	1st	2nd	3rd
#185441 Jun 13-17 M-F 9:00am-5:00pm				
#185442 Jun 20-24 M-F 9:00am-5:00pm				
#185443 Jun 27-July1 M-F 9:00am-5:00pm				
#185444 Jul 5-8 M-F 9:00am-5:00pm				
#185445 Jul 11-15 M-F 9:00am-5:00pm				
#185446 Jul 25-29 M-F 9:00am-5:00pm				
#185447 Aug 1-5 M-F 9:00am-5:00pm				

Science and Engineering Camp

Age: 8-10yrs. Your child will learn how things work through fun hands-on experiments. Each day we will explore a different science concept and complete 2 or more related experiments. Campers will have something they created to bring home daily.

Location: **Hill Street Park**

Weeks of Camp	Choices:	1st	2nd	3rd
#184590 Jun 20-24 M-F 8:30am-12:30pm				

Science Exploration Camp for Teens

Age: 8-11yrs. Campers will explore various disciplines of science including agricultural and environmental life sciences, biological sciences, engineering and physical sciences.

Location: **Method Road Community Center**

Weeks of Camp	Choices:	1st	2nd	3rd
#184565 Jul 25-29 M-F 9:00am-5:00pm				

Bricks for Kids – Engineering

Age: 7-10yrs. Students will build a variety of theme-based, fun-filled motorized models utilizing LEGO® Bricks and Technic® elements with themes such as space exploration, cranium contraptions, amazing animals, interesting inventions, construction, transportation, energy is everywhere, exploring the everglades, natural science and factory fun.

Location: **Laurel Hills Community Center**

Weeks of Camp	Choices:	1st	2nd	3rd
#184848 Jul 11-15 M-F 1:00pm-4:00pm				

Wonderful Weather Camp

Age: 7-12yrs. Have you ever wanted to know how hurricanes or tornados are formed? Do you know how the weather effects our environment? This will provide youth hands-on experience learning about many aspects of weather including weather forecasting, environmental modeling and measurements.

Location: **Sgt. Courtney T. Johnson Community Center**

Weeks of Camp	Choices:	1st	2nd	3rd
#185146 August 15-19 M-F 8:30am-5:30pm				

Kid Scientist

Age: 7-9yrs. Each day we will explore a different science concept and do experiments to gain a better understanding of how things work in our world. We will learn about how air and water move as well as observe some fun, but safe reactions like a vinegar and baking soda volcano!

Location: **Laurel Hills Community Center**

Weeks of Camp	Choices:	1st	2nd	3rd
#184910 Jun 27-July 1 M-F 1:30pm-4:30pm				
#184913 Jul 25-29 M-F 1:30pm-4:30pm				

Earth Explorers

Age: 8-11yrs. Join us on an exploration of our amazing planet! Each day we will learn about something new with corresponding crafts and active games. Participants should bring a lunch and two snacks each day.

Location: **Halifax Community Center**

Weeks of Camp	Choices:	1st	2nd	3rd
#184894 Aug 15-19 M-F 8:30am-5:30pm				

* The following camp registration form will only be accepted for the listed Give Play Scholarship eligible camps.

Adventures Camp

Age: 7-11yrs. Adventures summer day camp is packed full of team building activities, relays, scavenger hunts, trivia, and other exciting adventures. So if your camper is ready to laugh until they pop and play until they drop, Green Road Adventures camp is definitely the SPOT!

Location: **Green Road Community Center**

Weeks of Camp	Choices:	1st	2nd	3rd
#184879 Aug 15-19 M-F 7:30am-6:00pm				
#184880 Aug 22-26 M-F 7:30am-6:00pm				

Participant Information (One form per participant – Copy as needed)

Last Name	First Name	Preferred Name	Gender
Address	City	State	Zip
Date of Birth	Age	<small>(As of Aug 31, 2016 this age must match the requirements in the camp description)</small>	
Participant T-Shirt Size (Circle Size) YS YM YL YXL AS AM AL AXL <small>(for applicable camps only)</small>			

PARENT/GUARDIAN INFORMATION * required field (The adult(s) listed in this section should be those in which the participant resides)

*Mother/Guardian Last Name	*First Name	*Email
*Address	*City	*State
*Home #	Work #	*Mobile #
*Father/Guardian Last Name	*First Name	*Email
*Address	*City	*State
*Home #	Work #	*Mobile #

EMERGENCY CONTACT AND RELEASE AUTHORIZATION * required field

Please list in order the names of individuals other than parents/guardians who are authorized to be contacted in case of an emergency and allowed to pick up the participant. Authorized individuals must be 16 or older and will be required to show a picture ID. Please print all names.

* 1) Name	Relationship to child
* Address	* City
* Home #	Work #
* State	* Zip
* Mobile #	

Please check the box if you authorize staff to disclose information about the **participant's** behavior and other activities at camp.

2) Name	Relationship to child
Address	City
Home #	Work #
State	Zip
Mobile #	

Please check the box if you authorize staff to disclose information about the **participant's** behavior and other activities at camp.

3) Name	Relationship to child
Address	City
Home #	Work #
State	Zip
Mobile #	

Please check the box if you authorize staff to disclose information about the **participant's** behavior and other activities at camp.

4) Name	Relationship to child
Address	City
Home #	Work #
State	Zip
Mobile #	

Please check the box if you authorize staff to disclose information about the **participant's** behavior and other activities at camp.

By signing below, I acknowledge that:

- The City of Raleigh provides no insurance coverage for participants;
 - I have read, understand, and agree to the City of Raleigh Parks, Recreation and Cultural Resources Summer Camp Program Policies on pages 26-29;
 - I understand I am waiving my legal rights. (Please refer to camp policies.)
- In the event of a medical emergency, every effort will be made to contact parent(s)/guardian(s). I authorize the City of Raleigh staff to seek appropriate medical care if a parent/guardian cannot be reached;
 - I have selected an appropriate program for the interests and abilities of the participant and that the information I have provided on the Participant Information Form is current and accurate.

Signature is required to complete the registration process. Note: Raleigh Parks, Recreation and Cultural Resources staff will only allow the parent/guardian whose signature appears on this registration form to make changes to the form.

Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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Participant Information (One form per camper – Copy as needed)

Participant's Name (please print)

The City of Raleigh Parks, Recreation and Cultural Resources Department welcomes the participation of all individuals, including those with disabilities or special needs. We are committed to compliance with the ADA and will provide reasonable accommodations to facilitate participation in our programs. **To ensure that reasonable accommodations are in place, program registration or accommodation request should be received at least two weeks prior to the start date of the program.** For more information please contact Inclusion Services at 919-996-2147.

The City of Raleigh recommends that parents or guardians consult their participant's pediatrician or health care professional to assess their participant's ability to participate in the program. It is requested that parents or guardians provide in writing any additional instructions for the specific condition or special need of their participant.

I want Parks, Recreation and Cultural Resources to know about these medical conditions for my child:

I want Parks, Recreation and Cultural Resources to know about these disabilities for my child:

yes no **Do you request an ADA accommodation?**

If yes, someone from inclusion Services will follow-up with you regarding your request, or you may contact Inclusion Services directly at 919-996-2147

yes no **Does the participant have allergies?**

yes no **Are you providing an EpiPen for use at the site?**

- Please check here to verify that you will not be providing your participant with an EpiPen for the allergy listed above, that you understand the risks of not doing so, and that you release the City of Raleigh from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction.

In the event of a life-threatening allergic reaction, program staff will immediately call 911. We **do not** have EpiPens on site available for use.

yes no **Do any medications need to be taken during program hours?**

yes no **I authorize Parks, Recreation and Cultural Resources to use photos of participant for publicity**

Permission Form for Assisted Administration of Medication

Only medications that are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program. No program participant should be in possession of non-prescription or prescription medication of ANY kind without the knowledge of the program staff. Any participant who must receive medication during the program must have on file the appropriate signed medication form PRIOR to attending the program.

- A. **Assisted Administration of Medication:** Parks, Recreation, and Cultural Resources staff maintain, provide and monitor consumption of both prescription and non-prescription medication.
- B. **Self-Administration of Medication** (for use in Teen, Adventure and SRIS Adult Programs ONLY): Participant may maintain and consume non-prescription medication, inhalers and/or EpiPen as needed with review from staff. The Self-Administration of Medication form may be received by contacting the specific camp.

Parks, Recreation, and Cultural Resources (PRCR) only administer medication to participants if:

1. The City of Raleigh permission form for assisted administration of medication is completed and in the possession of the PRCR staff.
2. A PRCR employee will not give medications unless it is in an original container with appropriate medicine contained within, with a visible label including the name of medication, the date of expiration, clear dosage amount and directions with the participant's name CLEARLY INDICATED on the bottle/box.

The Parent/Guardian is responsible for the following with ALL medication:

1. Complete and sign the portion of the form below and return to the program staff.
2. Provide medication in an original container with visible label including the name of medication, the date of expiration, clear dosage amount and administration directions with the participant's name CLEARLY INDICATED. Note: Inhalers outside the original package must be accompanied by a copy of the original package label noting the above information.
3. Provide new, labeled containers if/when medication changes are made.
4. Parents/guardians must transport medication to program site and give directly to program staff.
5. Parent/guardian must pick up medication at the end of each week/program from program staff. Medications not picked up at the end of 14 business days following the last day of participation in the program will be disposed of by program staff.
6. PRCR program employees will dispose of empty containers (unless otherwise instructed).
7. For prescription medications: The pharmacy label will serve as the physician's authorization for the medication to be administered. Have the pharmacist label two containers: one for home use and one for use in the program, if the participant is to receive medication at both sites.
8. If the medication is an EpiPen or inhaler, it is recommended (not required) that the pharmacist label two containers to keep at the program site. The parent/guardian should check to ensure the medication does not exceed the printed expiration date. Program staff will not accept expired medication.
9. For non-prescription medications: The medication must be administered according to the dosage and administration instructions on the original container.
**A physician's signature will be required as authorization IF medication is requested to be given in an alternate dosage, etc.
10. Parents/guardians should notify program staff in writing as soon as possible if there are any changes to instructions for the administration of medication once these forms has been submitted. A new form may be required.

Permission Form for Assisted Administration of Medication

Prior to the start of camp, please submit the completed permission form by email or by mail to:

camp.registration@raleighnc.gov	Recreation Business Office 105 Pullen Road Raleigh, NC 27607
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For additional information contact 919-996-4800

Participants's Name _____

If participant has any allergy that could result in anaphylaxis (example: tree nut or bee allergy), please note that we strongly encourage providing your participant with an Epi-Pen to keep at the program site.

- Please check here to verify that you will not be providing your participant with an Epi-Pen for the allergy listed, that you understand the risks of not doing so, and that you release the City of Raleigh from any and all liability regarding treatment of your child in the event of a life-threatening allergic reaction. In the event of a life-threatening allergic reaction, program staff will immediately call 911. We do not have EpiPens on site available for use.

PERMISSION FORM FOR ASSISTED ADMINISTRATION OF MEDICATION

By completing the information below, the Parks, Recreation and Cultural Resources staff is authorized to administer any medication(s) that are provided as indicated above.

1) Name of medication: _____ Prescription Non-prescription

Dosage: _____

Times: _____

Reason for Medication: _____

Side effects: _____

2) Name of medication: _____ Prescription Non-prescription

Dosage: _____

Times: _____

Reason for Medication: _____

Side effects: _____

Parent/Guardian Signature

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

****ONLY under special circumstances for Non-Prescription medications (see #9 on previous page).**

Physician Name _____

Physician Signature _____

Date _____