



4 - H A G G I E ADVENTURES FOR KIDS

KATNISS' CHALLENGE: SURVIVOR CAMP

Taken from the story of the Hunger Games, this camp will teach you everything from strategy to outdoor survival. Come join other youth and have a blast learning about animal tracks, building shelters, geocaching and more! All while competing with other "districts" in a fun and exciting adventure.

Activities we'll do at camp:

- Day of training for the games
- Compete in daily challenges between districts
- Construct your own bow and arrow
- Design your own costume for the games
- Compete in a scavenger hunt for items from sponsors
- Learn basic first aid skills
- Have an all districts water fight

What we'll learn at camp:

- Plant identification
- First aid
- Team building
- Orienteering
- Tracking
- Outdoor cooking
- Archery



Cost: \$75

Grades 4-7

April 2nd-6th

9:00 am-12:00 pm

**Copperview Recreation Center
8446 S Harrison St, Midvale**

TO REGISTER:

Complete, and return registration form with payment to:

Copperview Recreation Center
(8446 S. Harrison St. in Midvale)

801-559-1500

OR REGISTER ONLINE

www.activityreg.com

Reduced rate of \$ 35 for the camp is available for those children who qualify for free or reduced lunch. Proof must be brought in at time of registration. A copy of the District letter from the Nutritional Services Department must be attached to each child's registration form. Limited scholarships available.



UtahStateUniversity
SALT LAKE COUNTY EXTENSION



Camp Name _____

Name of child _____

PLEASE PRINT: (first name) (last name)

E-mail Address _____

Address _____ City _____ State _____ zip _____

School _____ Grade _____ Birthday _____ Age _____

Parent or Guardian _____ Phone: _____ Work: _____

In emergency notify (other than parent or guardian) _____

Address _____ Phone: _____ Work: _____

How did you hear about this program? _____

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund policy

Release & Indemnification: I hereby recognize and acknowledge that my child’s participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child’s participation in Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization and any other expenses resulting from my child’s participation.

Refund Policy: As per Salt Lake County policy and procedures, the Parks & Recreation Division **may withhold 25% of the refund (program registration fee) for administrative costs.** All refunds must be requested in person, accompanied with written refund request. **No refunds shall be given after the first day of the program.**

Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney’s fees, in the event that account is referred to the Salt Lake County Attorney’s office for collection. I understand that any account delinquent 30 or more will be turned over to the Salt Lake County Attorney’s Office for collection.

Emergency Treatment: I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

Equal Opportunity: I hereby authorize Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will, upon request, provide reasonable accommodations to individuals with disabilities. By signing this assumption of risk, liability release, indemnification, and refund policy statement I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

Signature (Parent or Legal Guardian): _____ Date _____

OFFICE USE ONLY ...Receipt No. _____ Amt. \$ _____ Recv’d. by _____ Date _____ Code of Conduct _____ Information Sheet _____
