

# Tara Summer Youth Camp Registration & Enrollment Form

Please indicate how you heard of Tara Summer Camps (Check One)  School Handout  Friend, Neighbor Relative  Social Media  Web Search

Other \_\_\_\_\_

Please list desired camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First M.I.

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Camper's Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Your child's SS# is required prior to camp arrival in order to submit MS Hunter Education certification an/or medical emergencies)

Home Address: \_\_\_\_\_  
Number and street address City & State Zip

Email address: \_\_\_\_\_ Alternate email address: \_\_\_\_\_

Camper resides with: Both Parents: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Other: \_\_\_\_\_

Father's full Name: \_\_\_\_\_ Res Phone: \_\_\_\_\_ Bus.  Cell  \_\_\_\_\_

Mother's full Name: \_\_\_\_\_ Res Phone: \_\_\_\_\_ Bus.  Cell  \_\_\_\_\_

Guardian's full Name: \_\_\_\_\_ Res Phone: \_\_\_\_\_ Bus.  Cell  \_\_\_\_\_

Alternate responsible person (not parent) to be reached in case of emergency if parent or guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Bus.  Cell  Relationship: \_\_\_\_\_

NOTE: Please list below any special considerations or persons who are never to be authorized to pick up your child.

Roommate Request: \_\_\_\_\_ Previous Years Attended: \_\_\_\_\_

**Insurance:** If you have hospital or health insurance for your child, please list:

Insurance Company and policy holder: \_\_\_\_\_ # \_\_\_\_\_

**Cost Per Session: • Youth Camp-\$650 • Advanced Camp-\$350 • Archery Camp-\$350**

**Spring Break Camp - \$450**

(Deposit Payment of \$150 secures slot ~ required)

**Payment Options:** In Full: \$ \_\_\_\_\_ Check: # \_\_\_\_\_ Credit Card Payment: (Please Select) In Full: \_\_\_\_\_

Installments:

**Installments:** I acknowledge DEPOSIT will be charged upon receipt. Please charge my balance to credit card in two monthly installments of \$ \_\_\_\_\_. The installments will be charged the first Monday of each month, thereafter. **NOTE:** Total payment is due before Check-in.

Credit Card Type: \_\_\_\_\_ CC: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Required camp forms may also be obtained from: [www.tarawildlife.com](http://www.tarawildlife.com) E-mail: [tara@tarawildlife.com](mailto:tara@tarawildlife.com) Phone: 601-279-4261

**Medical Notes ~ Special Instructions ~ Dietary Needs or Concerns ~ Food Allergies:**  
Please note Mississippi Department of Health requires all medications to arrive in original packaging.

Please mark all items with name tags or indelible ink with Child's name. Make sure your child has clothing for 7 days. Children need no money while present at camp. Snacks are always available. We provide bows for archery instruction and competition. Campers who choose to bring own bow/arrows may do so, (field point only). Fishing at Tara during camp is a "free time" activity. Tara will provide cane poles, however, campers are encouraged to bring their personal fishing gear including tackle box, rods, if desired etc.

**Mail to:** Tara Wildlife, 6791 Eagle Lake Shore Rd., Vicksburg, MS 39183 **Phone:** 601-279-4261 **Website:** [www.tarawildlife.com](http://www.tarawildlife.com)

SC-WEB-17

## Authorization, Release, Indemnity and Covenant Not to Sue

(Minor Form to be signed by parent or legal guardian having a child 20 years or younger)

The undersigned \_\_\_\_\_  
as the parent and natural or legal guardian of \_\_\_\_\_  
("Minor Child"), desires to allow Minor Child to participate in and attend the Tara Wildlife Summer Youth Camp or Archery Hunt/Camp Combo ("Tara Camp") on property in Warren County, Mississippi (the "Property") owned by Purvis Grange Foundation, Inc. d/b/a Tara Wildlife, (collectively "Tara"), subject to terms, conditions and understandings set forth herein. The officers, directors, shareholders, members, agents and employees of Tara are collectively referred to as the "Indemnified Parties" and individually as an "Indemnified Party."

I do hereby acknowledge that I am aware that my child will be camping, hiking, canoeing, using various weapons, and other outdoor activities. I do hereby give my permission for him/her to take part in these and all other camp activities. The undersigned recognizes that, among other activities, the Tara Camp curriculum involves instruction in firearm activities that can involve certain risks and dangers, and the undersigned desires to indemnify and hold the Indemnified Parties harmless from all such risks and dangers which may result to the Minor Child on or around the Property while attending the Tara Camp.

**Photography Authorization:** I do hereby authorize Tara to use and reproduce photographs, film, and videotape taken of my child and to circulate same for advertising and publicity purposes of all kinds without additional compensation.

**Medical Authorization:** If a medical emergency involving my child/ward arises, I understand that every effort will be made by the staff of Purvis Grange Foundation, Inc. d/b/a Tara Wildlife to contact me as soon as possible. In the event that I cannot be located or in order to avoid delay in medical treatment for my child/ward which might jeopardize the life or recovery of my child/ward, I hereby authorize Purvis Grange Foundation, Inc. d/b/a Tara Wildlife staff members to make medical treatment decisions for my child/ward on my behalf and to authorize qualified health care professionals to provide appropriate medical treatment for my child/ward except for the following medical treatments and or procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form constitutes a health permission statement. The information in this form is CONFIDENTIAL. All Medicines and Medication for Campers will be registered at check-in date. Instruction form to be completed at that time.

NOW THEREFORE, for and in consideration of the right of the Minor Child to attend the Tara Camp and to participate in the activities therewith, including but not limited to archery, skeet, .22 rifles, and other firearms, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, for himself, the Minor Child, his family, his heirs, administrators, executors, successors, devisees and assigns hereby agrees to the above stated acknowledgements and authorizations, and does hereby RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, INDEMNIFY AND HOLD HARMLESS each Indemnified Party from and against all claims, demands, payments, suits, actions, recoveries, attorney's fees and judgments of whatsoever nature, kind and description, brought, recovered or extracted against any Indemnified Party for, or on account of, any loss, damage or injury (including death resulting there from) or any claim for loss, damage, injury or death received or sustained or alleged to have been received or sustained by the Minor Child on or around the Property while attending the Tara Camp.

I sign this instrument voluntarily, and with full knowledge and understanding of the rights I hereby waive and release. If any provision hereof is invalid or unenforceable, the other provisions shall remain in full force and effect, and the remaining provisions hereof shall be construed liberally in favor of each Indemnified Party in order to effectuate the provisions hereof. This agreement shall be governed by and interpreted in accordance with the laws of the State of Mississippi.

WITNESS THE SIGNATURE OF THE UNDERSIGNED, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of Camper - Minor Child: \_\_\_\_\_