



Natural Resource Conservation Service

CAMP ROYALTY

2501 Zion Hill Rd
Weatherford, Tx 76088

STUDENT APPLICATION FOR PARTICIPATION IN CAMP ROYALTY

This form is to be completed by the Parent/Guardian and Student prior to the first day of camp. It contains vital information in case of injury, medical and emergency situations. Camp Royalty is Phase 1 of a 3-phase program that offers participants unique experiences within the agricultural domain. Participants will gain practical management and leadership skills. The objective is to learn about career options within agriculture and encourage students to pursue a 4-year college degree in related disciplines. Fields include but not limited to: Agriculture, Natural Resources, management, Soil Conservation and Range Conservation. Parent(s) / Guardian(s) acknowledge that they have read and understand the student code of conduct that is attached to this application. Prior to participation in any conditioning practice session, or engagement in any interscholastic athletic activity, the student **MUST SUBMIT** a current physical. Failure to submit this form will delay eligibility. **ATTENTION!** Although participation in supervised interscholastic activities may be one of the least hazardous in which students will engage in and out of camp, by its nature participation in those disciplines includes a risk of injury which may range in severity from minor to long term injuries. Although serious injuries are not common in supervised programs, it is possible only to minimize and not to eliminate the risk. Participants have the responsibility to help reduce the risk of injury. Participants must obey all safety rules, report all physical occurrences to their instructor and/or the camp director. By signing this permission form, you acknowledge that you have read and understand this warning. Parents or students who do not wish to accept the risks described in this warning should **NOT sign the permission form and will NOT be able to participate.** Camp Royalty is not liable for injuries that occur while on the premises.

Student Name: _____ Sport / Activity: **CAMP ROYALTY**
(First Name) (Last Name) (MI)

Date: _____ Male ___ or Female ___

Address: _____
(# and Street Name) (City) (State) (Zip Code)

Home Tel, #: _____ Emergency Tel. # _____ Cell #: _____

Name(s) of parent(s) /guardian(s) you live with: _____

The student is domiciled at the above address located in the _____ Independent School District.
(Name of School)

Date of Birth: _____ Age: _____
(Month) (Day) (Year)

Your grade level for the 2023-2024 School Year: 9 10 11 12 Your expected year of Graduation: _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child (must present ID)

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed. Please list ANY other information you'd like to include about your camper:





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I give RoyaltyID & USDA permission to: photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Royalty ID and/or USDA and its affiliates. Pictures and Videos may be used for promotional purposes without notification. By Signing below, I agree to the above statement.

Parent/Guardian's Signature: _____ Date: _____

Please initial here to OPT OUT

I give permission for RoyaltyID/USDA to transport my child off camp property for purposes not limited to field trips, medical care, leisure, etc. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____ Date: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. By signing below, I acknowledge that I am responsible for the expenses involved if the services of a physician or hospital are required. **This is only in the case of emergencies. The following local hospital will be used.**

Please initial if you are requesting exemption from emergency medical treatment.

Local Hospital: Medical City Weatherford

Hospital Address: 713 E Anderson St.76086 Phone: (682) 582-1000

By signing below, I agree to adhere to all the Policies and Procedures set for by RoyaltyID & USDA

Parent/Guardian's Signature: _____ Date: _____

Parent Authorization Form: The medical background of each camper is required as part of the camp's registration process. The camp director SASHA WRIGHT must be advised in WRITING of any condition that would limit the camper's ability to participate in any program/activity.

Child's Name: _____ Date of Birth: _____

Child's Pediatrician's Name: _____ Pediatrician's Phone number: _____

Date of last physical _____ / _____ / _____ Must provide copy of Physical to camp director.

Health Insurance Provider: _____ Provider's Address: _____

Policy Number or Health Plan: _____

Medical conditions: _____

List of past medical treatments: _____

List all current medications regardless of whether it needs to be taken at camp or not: _____

Will your child need to take any prescription medications while at camp? **Yes or No**

If yes, a medical dispensing form must be completed upon arrival to camp. A nurse will reside on site and will be responsible of administering all medications. If you selected yes above you will receive a medical dispensing form from the campus nurse. Please bring medication in a Ziplock bag with your child's name on it on the first





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day of camp as it will be attached to the form.

Allergies: (Please put **N/A** if your child does not have an allergy)

Food: _____ Medication: _____

Insect: _____ Other _____

Does your child require an Epi-pen? **YES or NO** If yes, you must provide the camp with an Epi-pen along with the medication release form. Epi-pen must be accompanied with a current prescription and/or a doctor's note. Please list Specific Activities to be restricted for health reasons:

_____.

Campers select your top 8 interest.

Tie Down Roping	Horseback Riding	Basketball	Agriculture	Team Roping
Finances	Swimming	Arts & Crafts	Plant Science	Kickball
Pro Communications	Natural Resources	Cooking	Fashion	Golf
Climbing	Fine Arts	Fitness/Health	Weight Training	Aerobics
Football	Barrel Racing	Fishing	Photography	Dance
Social Media	Music	Journalism	Economics	Carpentry

Please be advised that selection does not guarantee availability.





Parent and camper must agree to the Student Conduct and expectations.

Standards for Student Conduct

Each student is expected to:

- Demonstrate courtesy, even when others do not.
- Behave in a responsible manner.
- Exercise self-discipline.
- Attend all classes regularly and on time.
- Bring appropriate materials and assignments to class.
- Meet campus standards of grooming and dress.
- Obey all campus rules and expectations.
- Respect the rights and privileges of students, teachers, and other staff and volunteers.
- Respect the property of others, including property and facilities.
- Cooperate with and assist the staff in maintaining safety, order, cleanliness, and discipline.
- Adhere to the requirements of the Student Code of Conduct and give 100% effort and participation.
 - Follow the dress code specific to each phase of the camp. Students are required to bring jeans, athletic wear, and casual dress attire.

By Signing below, you are agreeing to everything stated in this application.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Person(s) of Contact:

Macee Pickett- Executive Director
(254) 485-9222

Charles Pickett- Royalty I.D. CEO
(769) 257-3401

Sasha Wright – Camp Director
(601) 832-8579

