



Carolina Coastal Adventure

Sponsored by:

Berkeley Soil & Water Conservation District

P.O. Box 6122, 1003 Highway 52

Moncks Corner, SC 29461

Phone: (843) 719-4146

Fax: (843) 719-4207

Email: lwinningham@berkeleycountysc.gov

October 9-11th, 2009

Return all forms to your local Soil and Water Conservation District

The address can be found at: <http://www.dnr.sc.gov/conservation/index.html>.

Dear Participant and Parents:

The Carolina Coastal Adventure (CCA) is a weekend long camp for rising 9th and 10th graders to learn about what keeps our water supplies clean, our rivers healthy, and our marine resources thriving. This program is put on by the Berkeley Soil and water Conservation District and SC Department of Natural Resources (DNR). If you are selected to attend CCA by your local Soil and Water Conservation District, they will sponsor your \$50 attendance fee. Please read the following information, and fill out and sign the enclosed forms that include:

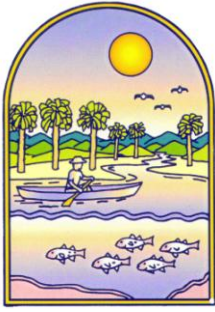
- Application
- Rules & Regulations
- Liability Release Form
- Medical Information and Release Form
- Photo Release Form
- Packing List
- Driving Directions

Over the weekend, you will create many lasting memories with new friends from across the state as we explore the waters from the lakes to the Coast, from a canoe to a scientific research vessel. Listed below is some important information about the Camp.

Where: Somerset Facility/ Wammpee Conference Center on Lake Moultrie
1274 Chicora Drive, Pinopolis, SC 29461
(843) 761-8505, driving directions on last page of packet

When: Drop off at address listed above by 5:00 pm Friday
Pick up by 3:00 pm on Sunday (be there at 1:30 for awards show)

Emergency Contacts: 24-hour security is provided. Security guard gate: 843/761-2728
SCDNR Counselors: Lindsay Fairchilds 843/834-3254 or
Jennifer Majors 843/834-1941



Coastal Carolina Adventure Application

Return all forms to your local Soil and Water Conservation District
so they may determine eligibility and sponsorship.

The local District address can be found at:

<http://www.dnr.sc.gov/conservation/index.html>

Please print in ink or type

Applicant Information

Applicant Name: _____
Local Conservation District (County): _____
Mailing Address: _____
City/State/Zip Code: _____
Phone # (include area code) _____
E-mail Address: _____
Birth date: _____
Parent/Guardian Name and Phone #: _____
Emergency Contact Name and Phone #: _____
Gender (Circle one): Male Female T-shirt size: S M L XL XXL
Grade (Circle one): 9th 10th School Name: _____

Why do you want to attend Carolina Coastal Adventure? What do you hope to experience at Carolina Coastal Adventure?

Health and Safety Information (these questions will not affect acceptance).

Do you have any allergies (Circle one)? Yes No If yes, please list below

Do you have any physical limitations? Yes No If yes, please list below

Do you have any special dietary requirements (vegetarian)? Yes No If yes, please list below

OFFICE USE ONLY:

Date rec'd: _____ Payment rec'd: _____ Date Cancelled: _____

Approved by the: _____ Soil & Water Conservation District

Chairman Signature: _____ Date: _____

Carolina Coastal Adventure Rules & Regulations

We take discipline seriously to ensure that participants have a safe and enjoyable experience. Please keep a copy of the rules with you as a reminder.

1. No Cell Phones. An emergency land line is available; and counselors will have cell phones.
2. All attendees must attend all activities and remain with their group during all activities.
3. Be on time.
4. Respect your fellow program attendees, their space, their clothes, and private property.
5. No littering, no loud noise. We are sharing the Somerset Facility with other groups.
6. Lights out after 10:30 pm—Males only in the boys' area; females only the girls' area after lights out. VIOLATORS WILL BE SENT HOME IMMEDIATELY. Counselors will be with the attendees at all times including overnight in the sleeping areas.
7. If you need assistance during the night, counselors will be nearby. Notify one of them and ask for assistance. Notify a counselor if you are feeling ill during the day or night.
8. No tobacco of any type. No smoking.
9. No illegal drugs, alcohol, pornography, gambling, matches, knives or profanity. VIOLATORS WILL BE SENT HOME IMMEDIATELY.
10. No clothing that promotes inappropriate behavior or language. No tank tops or other sleeveless shirts (for men or women) or short shorts or skirts for women will be allowed.
11. Respect the Somerset Facility. Lake Moultrie is beautiful; keep it that way. You will be charged for any damages you cause and will be responsible for clean up. Put trash and paper in the containers. Attempt to recycle where possible.

I, the participant, agree to follow these rules and conduct myself accordingly for the duration of the program.

I, the parent/guardian, understand that the Carolina Coastal Adventure has a zero tolerance policy for rule infractions that compromise the emotional and physical safety of other participants. I also understand that if my son/daughter violates these rules to extent that they are asked to leave, I will be expected to pick my child up or arrange for transportation within 3-4 hours of receiving the phone call REGARDLESS of the time or day nor the distance involved.

By signing below, we hereby signify that we have read, understand and agree to comply with the enclosed rules and regulations of the Carolina Coastal Adventure.

Participant name: _____

Signature: _____ Date: _____

Parent/Guardian name: _____

Signature: _____ Date: _____

**Carolina Coastal Adventure
Liability Release Form**

I/We agree to comply with the rules and guidelines of the Carolina Coastal Adventure and fully recognize and accept the authority of the program Director to dismiss any participant for health, safety or disciplinary reasons. The participant named on this application has my permission to engage in any or all activities except as noted in the health related questions on the bottom of this sheet. I fully absolve the Carolina Coastal Adventure, its sponsors, and staff of any liability in connection with medical treatment, including hospitalization for the participant named herein. Furthermore, I, on behalf of myself, my personal representative and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the South Carolina Conservations Foundation, the South Carolina Department of Natural Resources, Santee Cooper, the Old Santee Canal Park, the Berkeley Conservation District and the South Carolina Association of Conservation Districts, their agents, officers and employees from any claims, actions or losses from bodily injury, property damage, wrongful death, loss of service or otherwise, which may arise out of my participation in this program.

Participant name: _____

Signature: _____ Date: _____

Parent/Guardian name: _____

Signature: _____ Date: _____

**Carolina Coastal Adventure
Medical Information, Treatment and Release Permission Form**

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed first.

Applicant Name: _____
Parent/Guardian Phone (home, work, & cell) _____
Emergency Contact Name and Phone #: _____
Relationship of Emergency Contact: _____
Health Insurance Company Name: _____
Name of Primary Policy Holder: _____
Policy Number: _____

List all medications participant is currently taking:

List all medical conditions currently under treatment:

Has the participant lost a paired organ such as an eye or kidney? If yes, please describe:

Is the participant allergic to any medications? If yes, please describe:

Date of last tetanus immunization: _____

I (we) give my permission for Carolina Coastal Adventure Staff to give my child over-the-counter medications such as aspirin, Tylenol, Advil and cough syrup if my child requests these medications. Also, I specifically forbid my child from having the following over-the-counter medication(s):

Furthermore, I (we) understand that the Carolina Coastal Adventure will not be responsible for the cost of treatment of any injury or illness of the participant which is part of this program. I certify that the answers to the questions above are truthful and that I have provided any other pertinent medical information. Furthermore, I (we) give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter. I (we) authorize the release of any medical information to process insurance claims and request payment of benefits to the physicians or suppliers for services described. I understand that I (we) will be financially responsible for payment in full for any charges incurred.

Parent/Guardian signature: _____ Date: _____

**Carolina Coastal Adventure
Photo Release**

I (We), understand that photographs and video may be taken throughout the course of the Carolina Coastal Adventure. Furthermore, I understand that these photographs and video may be used by the SC Department of Natural Resources, SC Soil and Water Conservation Districts, SC Conservation Districts Foundation, and/or others in programs, presentations and promotional publications.

I hereby give my permission for my image to be used in such official programs, presentations and publications as deemed appropriate for their needs and objectives.

Furthermore, I understand that I will receive no compensation for the use of said photographs or video containing my image and that I will not receive notification of such use.

Participant name: _____

Signature: _____ Date: _____

Parent/Guardian name: _____

Signature: _____ Date: _____

Carolina Coastal Adventure Packing List

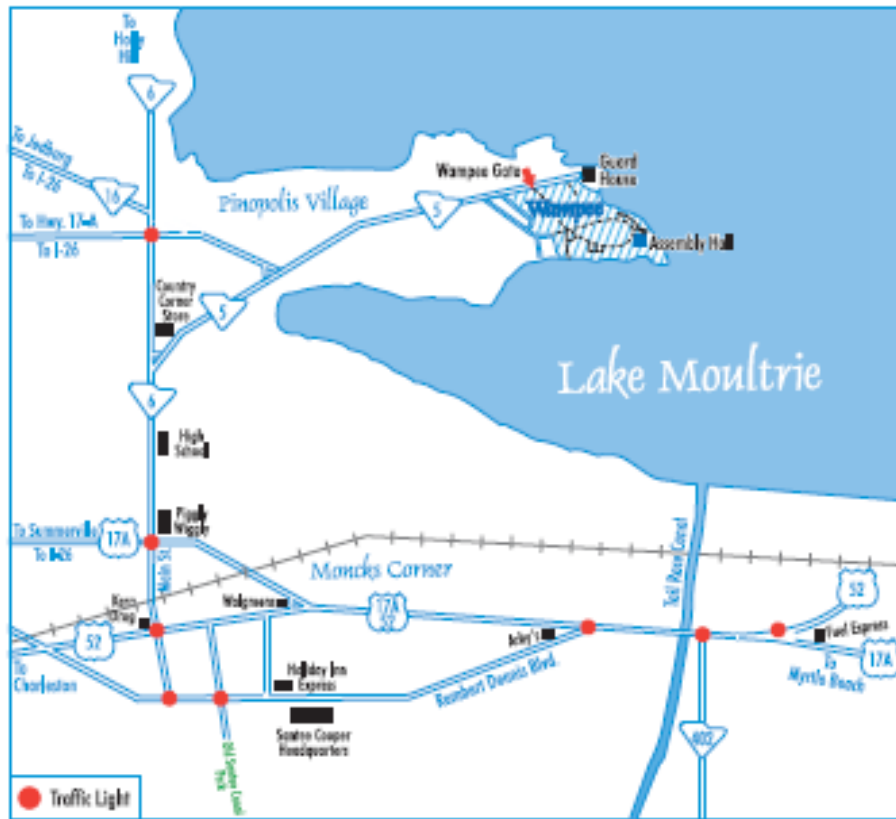
Make sure you bring...

- Sleeping bag or sleeping blankets. We will be sleeping on cots in the Somerset building.
- Pillow
- Pajamas suitable for walking outdoors. Showers are located in a building some distance from the facility.
- Footware for showers, such as flip-flops
- Towel
- Shampoo, toothpaste, toothbrush, any other necessary toiletries
- Sturdy, comfortable shoes such as hiking boots or tennis shoes.
- Sweatshirt and/or coat. It often gets cold at night this time of year on the lake.
- Water shoes such as Tevas that can get wet. We will be in boats much of the trip.
- Rain gear
- Necessary medications (with proper form)

You might want to also bring...

- Fishing pole, tackle. Fishing is allowed at the Somerset facility on Lake Moultrie
- Camera
- Money. You will not need money, but may want to bring it for vending machines or for the gift shop type excursions.

Carolina Coastal Adventure Map and Driving Directions



From I-26 via Jadbury: Take exit 194 (Pinopolis/Jadbury) and follow S.C. Hwy 16 northeast to Moncks Corner/Pinopolis. Turn right onto Hwy. 6, then left at first light. Turn left again onto Hwy. 5. Drive to the end of Pinopolis Road and through the guard gate.

From I-26 via 17A: Take exit 199B (S.C. 17Alternate) towards Moncks Corner. Turn left onto Hwy. 6 and then right onto Hwy. 5. Drive to the end of Pinopolis Road and through the guard gate.

From Charleston via I-26: Take exit 209 (Ashley Phosphate/52) and follow ramp to Hwy. 52 towards Moncks Corner. Follow Hwy. 52 through Goose Creek and into Moncks Corner. Turn left onto Main Street/Hwy. 6. Turn right onto Hwy. 5. Drive to the end of Pinopolis Road and through the guard gate.

From Myrtle Beach/Georgetown via 17A: Come into Moncks Corner on 17A. Turn right onto Hwy. 6 and then right onto Hwy. 5. Drive to the end of Pinopolis Road and through the guard gate.