

# First Time Campers Program Permission Slip

The First Time Campers Program is conducting a program for a new and exciting adventure for first time and novice campers. This unique experience will be held at the Wolf Trap National Park under an exclusive special camping permit and will feature educational programs on camping and highlights of some of the Wolf Trap National Park experience. Space is limited for this special opportunity.

**Type of Outing:** Wolf Trap First Time & Novice Campers Overnight Program

**Location:** Wolf Trap National Park, 1551 Wolf Trap Road, Vienna, Virginia 22182

**Pre-Registration:** Please pre-register online to hold your place for the event at:

<https://fall2018-ftcp-campers.bpt.me>

**Please submit permission slip, photo release form, school medical form and payment to:**

First Time Camper Registration: 1551 Wolf Trap Road, Vienna, Virginia 22182 or to [FirstTimeCampers@gmail.com](mailto:FirstTimeCampers@gmail.com) in advance.

**Fee:** \$40 | PayPal option is available on the [www.fowt.info](http://www.fowt.info) website.

**Point of Contact:** Gary Pan | Camp Director | [FirstTimeCampers@gmail.com](mailto:FirstTimeCampers@gmail.com)

**Special Notes:** Youth should bring pillows, sleeping bags if available, and toothbrush. Tents & sleeping pads will be provided, loaner sleeping bags are available. Camperships are available based upon application. Contact [FirstTimeCampers@gmail.com](mailto:FirstTimeCampers@gmail.com) for more details.

**Arrive:** 8am. Sunday 10/7/18 **Depart:** 4pm. Monday 10/8/18 **Location:** Filene Center

---

This is to certify that (participant's name) \_\_\_\_\_  
has my permission to attend the outing below. In the event of illness or accident during the  
outing, I request that measures be taken without delay, as the judgment of medical personnel  
dictates.

\_\_\_\_\_  
Parent or legal guardian sign

\_\_\_\_\_  
Date

**School Name:** \_\_\_\_\_ **Entering:** 5<sup>th</sup> Grade \_\_\_ 6<sup>th</sup> Grade \_\_\_

**Medical Information: Policy Holder's Name:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Emergency Contact Name & Phone number(s):** \_\_\_\_\_

**Email Address for Confirmation:** \_\_\_\_\_

Does participant have any conditions that require special attention or does s/he require any medications?

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please explain in detail on the back side of this section.