

## North Fork Conservation Corps Registration: Summer 2023

A collaboration of Friends of the North Fork, Department of Conservation and Recreation, and Seven Bends State Park, the North Fork Conservation Corps is an opportunity for youth, ages 13-17 to participate in healthy activities, connect with established mentors from the community and explore the natural world.

Corps Members will meet at Seven Bends from 9am-3pm, Wednesday's and Friday's on July 21, 26, 28, and August 2, and 4 in teams of up to 15 members with two adult mentors per team. Corps members will work with park rangers on a project at Seven Bends and participate in outdoor recreational and experiential learning activities with community activity leaders.

The first section of this registration should be filled out by the student. The second must be filled out by the student's parent or legal guardian. Please submit a scanned or photographed copy of your registration to julia.sargent@fnfsr.org

Student Information:
Name:
Age:
Gender: □ Male □ Female □ Prefer not to say □ Other:
What are your preferred pronouns? (i.e. he/she/they/etc.):
What school do you attend?:
What grade are you in?:
Tell us a little bit about yourself, including your favorite hobbies or school subjects:
Tell us about why you are interested in the North Fork Conservation Corps:



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THIS SECTION MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN OF THE STUDENT REGISTRANT:

Parent Name:		
Home Address:		
Email Address:		
Phone Number:	Best Time to	Reach:
Is the above student availa days? July 21, 26, 28 and August		rogram from 9am-3pm on the following
□ July 21	☐ August 2	
□ July 26	□ August 4	
□ July 28	$\square$ All of the above	
	e transportation to and from Sev n for the week/s selected above?	ven Bends State Park, dropping off at
□ Yes	□ No	
Will the above student be a ☐ Yes	able to bring a lunch each day in	the program?
Conservation Corps. I und	r, I give my consent for my child lerstand that I will receive more i g full consent for their participat	information and program description/
☐ I consent for my	child to register for the NFCC	
Parent/ Guardian printe	d name	<del></del>
Parent/ Guardian Sig		date date red registration to julia.sargent@fnfsr.org.**