



Wilderness Nature Camp 2010

Camp Registration Form

Name of Camper (Please PRINT) _____ Completed Grade _____ Male /Female (Circle relevant)

Home Address _____ Zip Code _____

Parent/Guardian Email Address _____ Home Phone _____

Name of Parent/Guardian (Primary Contact Person) _____ Relationship _____

Work/Cell Phone _____

Name of Emergency Contact (Other than Parent/Guardian) _____ Relationship _____

Work/Cell Phone _____

Friend Request (ONE name only please) _____ T-shirt Size (Please circle size) Youth **S M L**

Adult **S M L**

Age	CAMP TITLE / DATES OF CAMP <small>Please CIRCLE the relevant DOT(s) ● for the session(s) requested. In the event the preferred topic is unavailable, the camper will be placed in the next available topic on the same week.</small>	Jun 7 - Jun 11	Jun 14 - Jun 18	Jun 21 - Jun 25	Jun 28 - Jul 2	Jul 5 - Jul 9	Jul 12 - Jul 16	Jul 19 - Jul 23	Jul 26 - Jul 30
6-8 years old	Mucky Muddy Marshes		●						
	Fuzz, Furr, Frizz + Fluff			●					
	Splish Splash Splosh				●				
	Skin, Scales, Slime + Grime			●					
	Six legs or more!						●		
	Predator Prey							●	
	Crafts + Creations								●
	Enchanted Forest							●	
	FIND camp: Fossils-Imprints-Neoliths-Dinosaurs						●		
9-12 years old	GO camp: Geocaching + Orienteering						●		
	SNaP camp: Spectacular Nature Photography			●					
	X camp: eXamining eXoskeletons						●		
	S ² camp: Strive 2 Survive		●						
	RAP Camp: Raptors - Aviation Predators							●	
	H ² O camp: Hideouts + Habitats Observed					●			
13-17 years old	POWER camp: Power On Wheels Exploring + Researching			●				●	
	PCASO camp: Paint Collage And Sculpture Outdoors								●
	JC camp: Junior Counselor Leadership Camp <small>(This program requires a different application form and special interview. For more information and application forms, please call the Nature Center.)</small>	●							

Total number of camp weeks requested _____

Cost for each week X \$150 _____

Total cost _____

Amount enclosed _____

NOTES: A \$25 non-refundable deposit for each week is required with your registration. Remaining fees are due ONE WEEK prior to the first camp session requested. Early bird registration by May 1st - save \$10. Scholarships available for those who qualify. For more information and application forms, please call the Nature Center.

Payment method _____

Check/Visa/MC/Discover (circle one only) _____

Check /card number _____

Expiration date _____



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Camp Waiver & Medical Forms

initial here

Please read, check and initial each box as relevant, fill in the necessary blanks, then sign below.

WARNING OF RISK, WAIVER AND RELEASE OF ALL CLAIMS FOR NATURE CAMP BY PIONEERS PARK NATURE CENTER, LINCOLN PARKS AND RECREATION

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in this program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward arising of this program. I have read and understand the above Warning of Risk Waiver and Release of all Claims, and understand the effect of the relinquishment of rights hereby waived.

FIELD TRIP PERMISSION

I/we authorize the City of Lincoln and the Parks and Recreation Department to take my minor child/ward on all field trips, whether by vehicular transportation or by walking during any of the activities of this program.

PHOTO RELEASE

I/we also allow the City of Lincoln and the Parks and Recreation Department to take photos and/or videos of my minor child/ward during any of the activities of this program, for future publication, education and/or marketing purposes.

HEALTH AND EMERGENCY INFORMATION

I/we acknowledge that the information given below is accurate and that I/we give permission for the medications listed below to be given to my minor child/ward during this program.

Name of Family Physician _____ Physician's Phone _____

Allergic to what? _____
 Special needs or any other information the staff should know about the child _____

Please fill out the following information if your child/ward needs to take or carry medicine during the camp week. Please note that ALL medications MUST be in their original labeled containers in order to be dispensed at the Nature Camp.

Medication Name _____ Dosage _____ Time _____

Medication Name _____ Dosage _____ Time _____

Medication Name _____ Dosage _____ Time _____

Name of Camper (Please PRINT) _____ Date of birth (dd/mm/yyyy) _____

Name of Parent/Guardian (Please PRINT) _____ Relationship _____

Signature of Parent/Guardian _____ Date signed (dd/mm/yyyy) _____