

WILDERNESS NATURE CAMP, 2012

Camp Waiver and Medical Form

Please read and initial each box as relevant, fill in the necessary blanks (please print), 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, walking or biking 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 _____

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Name of Camper _____ Date of birth _____

Name of Parent/Guardian _____ Relationship _____

Signature of Parent/Guardian _____ Date signed _____

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Camp Registration Form

Complete one form per camper. Please print.

Camper's Name _____ Completed Grade _____ Age _____ Gender _____

Parent/Guardian Name _____ Relationship _____

Home Address _____ Zip Code _____

Email _____

Phones to Contact You During Camp Hours: 1. _____ 2. _____ 3. _____

Emergency Contact Name _____ Relationship _____

(other than parent or guardian)

Phone _____

T shirt size: please check one Youth S ___ M ___ L ___ Adult S ___ M ___ L ___

Check all requested camps for this camper, \$160/week except for Extreme Action Camp (\$170) Extended hours (EH) are available, 7:30-8:30 a.m. and 5:00-5:30 p.m. for \$10/week. Please check requested extended hours below.			
Dates	Ages 6-8	Ages 9-12	Weekly Cost
June 11-15	Let's Explore EH a.m. ___ EH p.m. ___	Hungry Hunters EH a.m. ___ EH p.m. ___	_____
		Bike Camp EH a.m. ___ EH p.m. ___	
June 18-22	Critter Theater EH a.m. ___ EH p.m. ___	That's Disgusting! EH a.m. ___ EH p.m. ___	_____
June 25-29	Creature Feature EH a.m. ___ EH p.m. ___	Xtreme Action Camp (\$170) EH a.m. ___ EH p.m. ___	_____
No camp July 2-6			
July 9-13	Super Heroes EH a.m. ___ EH p.m. ___	Survival of the Fittest EH a.m. ___ EH p.m. ___	_____
July 16-20	Puddles & Ponds EH a.m. ___ EH p.m. ___	Wet-N-Wild EH a.m. ___ EH p.m. ___	_____
The week of July 23-27 will be at Pioneers Park Nature Center			
July 23-27	How Does Your Garden Grow? EH a.m. ___ EH p.m. ___	Plant, Reap and Eat EH a.m. ___ EH p.m. ___	_____
		Junior Veterinarian EH a.m. ___ EH p.m. ___	
Total Number of Camp Weeks Requested _____		\$10/week discount if registered by May 1st - _____	
			Total Cost _____

A \$25.00 NON-REFUNDABLE DEPOSIT FOR EACH WEEK IS REQUIRED WITH YOUR REGISTRATION. Remaining fees are due ONE WEEK before each camp session. Cancellations not received one week before camp are billed for the full fee. Scholarships are available for those who qualify. For more information and the necessary forms, please call the Nature Center, 402.441.7895.

Amount Enclosed: _____

Check ___ (made payable to Lincoln Parks & Recreation) Credit Card: Visa ___ MC ___ Dis ___ # _____ Expires _____

Signature of Parent/Guardian _____ Date _____

Send to: Wilderness Nature Camp • 2740 'A' Street, Lincoln, NE 68502