

WILDERNESS NATURE CAMP, 2015

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 I/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, damage 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 resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or resulting of this program. I/we 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 including social media.

_____ **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 _____

Please list any health or allergies your child/ward has? _____

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 _____ Date of Birth _____ 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 ___ XL ___

All camps are at Wilderness Park. All camps are for ages 6-13 unless otherwise noted.
Themes will be the same for all the campers however activities will vary with hiking groups.
Campers will be split into 6-8 year old & 9-13 year old hiking groups.

Check all requested camps for this camper, \$170/week

Date	Camp	Weekly Cost
___ June 8 - 12	Survival of the Fittest	_____
___ June 15 - 19	Bull's Eye	_____
___ June 22 - 26	Naturally Creative (6-8 year olds only)	_____
___ June 22 - 26	Nature Photography (9-13 year olds only)	_____
___ July 6 - 10	Turtle Power!	_____
___ July 13-17	Outdoor Cooking (6-8 year olds only)	_____
___ July 13-17	Bike Camp (9-13 year olds only)	_____
___ July 20 - 24	Ka-sploosh	_____
___ July 27-31	Archery on Fire	_____

Total Number of Camp Weeks Requested _____ x \$170 \$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. Need-based scholarships are available. For more information please contact the Nature Center at 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: Pioneers Park Nature Center • 2740 A Street Lincoln NE 68502 • naturecenter@lincoln.ne.gov • 402. 441.7895

Office Use Only:

Deposit: Date _____ Amount _____ Receipt Number _____ Received by _____

Payment: Date _____ Amount _____ Receipt Number _____ Received by _____