

LEADERSHIP CAMP, 2016

Camp Registration Form

WHAT: A week of outdoor leadership training and fun.

WHEN: June 6-10, 8:30 a.m. - 5:00 p.m.

WHO: Youth aged 14-17

WHERE: Wilderness Park, 1st and Calvert

COST: \$135

Leadership Camp Participant Opportunities:

Junior Counselors (JC) - JCs are 14-17 year olds who participate in Leadership Camp. JCs have the opportunity to volunteer during WNC and assist Camp Counselors with activities.

There is no charge for JCs to volunteer at WNC, only to attend Leadership Camp.

Please call the Nature Center at 402.441.7895 with any questions. Registration is due May 1st.

First and Last Name _____ Date of birth _____

Camp Name _____

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

___ June 6-10

Leadership Camp

Camp Cost: \$135

Please number in order of preference which week(s) of Wilderness Nature Camps you would like to attend/volunteer.

___ June 13-17

Mammoths and More

___ July 11-17

Naturally Made (6-13 year olds)

___ June 20-24

Survival of the Fittest

___ July 18-22

Bull's Eye

___ June 27-July 1

Wildlife Rescuers

___ July 25-29

Aquatic Adventures

___ July 11-15

Bike Camp (9-13 year olds)

___ August 1-5

Mega Micro Mysteries

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 (please make payable to Lincoln Parks & Recreation)

Credit Card # _____ (Visa / Master Card / Discover) Exp. Date _____ CSC _____

Name of Parent/Guardian _____ Phone Number _____

Signature of Parent/Guardian _____ Date signed _____

Please complete both sides →

Office Use Only:

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

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

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Camp Waiver and Medical Form

Complete both sides of form for each camper. Please print clearly.

First and Last Name _____ Date of Birth _____ Gender _____

Email _____ Phone _____

Parent/Guardian Name _____ Relationship _____

Email _____ Phone _____

Home Address _____ Zip Code _____

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

Emergency Contact Name _____ Phone _____

(other than parent or guardian)

HEALTH INFORMATION

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

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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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.

Signature of Parent/Guardian _____ Date _____

Please complete both sides →