



URBAN PRAIRIE

Overnight Camping Trip: Camp Kitaki November 19—20

Registration Form

What is Urban Prairie?

Urban Prairie is an afterschool and summer environmental leadership program for middle school youth (grades 6-8) offered by Lincoln Parks and Recreation.

Trip Schedule

Saturday, Nov. 19, 10 a.m.—Depart from “The Yellow House” in Antelope Park (1600 Memorial Drive, near Auld Pavilion).

Sunday, Nov. 20, 12 p.m.—Return to “The Yellow House”

Transportation

Transportation will be provided by specially trained staff in a Lincoln Parks and Recreation passenger van.

Adult Supervision

Overnight camping participants will be supervised by program staff at a ratio of 1 adult to less than 4 youth. Boys and girls will have separate sleeping quarters.

Fee Information

- Free to Urban Prairie afterschool program participants.
- **\$10 (payable to Lincoln Parks and Recreation) for non-members.**

PARTICIPANT INFORMATION

Participant's Name: _____

Date of Birth: _____ Gender (circle): M F

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Name(s): _____

Day Phone: _____ Home Phone: _____

Cell Phone: _____ Parent at Day Phone: _____

Parent Email: _____

Emergency Contact: _____

Day Phone: _____ Home Phone: _____

School: _____ Grade Level: _____

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Camping Activities

- Visit Schramm and Platte River State Parks
- Outdoor recreation (hiking, archery, and much more!)
- Nature activities
- Learn about the Urban Prairie program

What to Bring

- Sleeping bag
- Winter clothes
- Sack lunch (for Sat.)
- Toiletries
- Water bottle
- Closed-toe shoes

Optional items:

- Hat
- Pillow
- Flashlight
- Camp games
- Camera
- Rain gear

What Not to Bring

- Cell phones
- Digital music players
- Valuables
- Lighters/matches

Meals

Participants will bring a sack lunch for Saturday. Snacks, Saturday dinner, and Sunday breakfast are included.

QUESTIONS? Call 402.441.7954.

SUBMIT FORMS WITH PAYMENT TO:
IRVING RECREATION CENTER
2010 VAN DORN



PARTICIPANT INFORMATION

LINCOLN PARKS AND RECREATION — URBAN PRAIRIE

PLEASE PRINT

CHILD'S FIRST AND LAST NAME: _____

PARENT/LEGAL GUARDIAN: _____

We want each child to be successful in our program. Is there any information we need to know about your child to help them be successful? If yes, please explain.

YES NO _____

What are your expectations for your child while attending the Parks and Recreation program? _____

What activities does your child enjoy? _____

Does your child have allergies? Food allergies? Medication allergies? YES NO
If yes please explain: _____

Does your child have medical conditions such as asthma, diabetes, etc? YES NO
If yes please explain: _____

Will your child need to take medications while at the Parks and Recreation program? YES NO

If yes please give a brief explanation. _____
(A medication consent form will be sent to you if you answer yes.)

Has your child ever:

YES NO Been treated for emotional or behavioral difficulties? _____

YES NO Been seen by a professional to address mental/emotional health concerns? _____

YES NO Had a significant life event that continues to affect the participant? (History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, others.)

RELEASE FORM
PHOTOGRAPHS/RECORDED IMAGES/VOICES

GRANTED TO: City of Lincoln on behalf of Parks & Recreation Department

I, the undersigned, hereby authorize the City of Lincoln on behalf of the Parks & Recreation Department to use my name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. I understand that I am to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. I understand that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. I hereby release and hold harmless the City, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims I may have in connection with such use.

The Parks & Recreation Department shall have ownership of resultant production using my image and shall have the exclusive right to make use of such production as stipulated below:

1. Availability for use in training;
2. Availability for use by the participants in a training course;
3. Availability for viewing in connection with the Parks & Recreation Department;
4. Availability for use of Web pages and other Internet sites created or used by the Parks & Recreation Department;
5. Availability for use in promotional brochures, newsletters, and other publications of the Parks and Recreation Department.

I have the full right and legal capacity to sign this consent and release. I have read this consent and release prior to signing it and I understand its contents.

Name _____

Address _____

Phone _____

Signature _____

Signature of Parent or Authorized/Appointed Guardian if under 18:

Date _____