

Summer Camp Application

Please check camp attending:

- Youth Conservation Camp (YCC) 7th-9th Graders June 15-17 from 8am – 5pm \$60.00 - Registration Deadline **May 26th**
- Children's Nature Camp (CNC III) 5th-6th Graders July 12-13 from 8am – 3pm \$40.00 - Registration Deadline **June 23rd**
- Children's Nature Camp (CNC II) 3rd-4th Graders July 15-16 from 8am – 3pm \$40.00 - Registration Deadline **June 23rd**
- Children's Nature Camp (CNC I) 1st-2nd Graders July 27-28 from 8am – 3pm \$40.00 - Registration Deadline **June 23rd**
- Kindergarten Nature Camp (KNC) Kindergarteners July 29 from 9am – 2pm \$20.00 - Registration Deadline **June 23rd**

Camp scholarships are available for those in need.

Camper's Name _____

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ Sex: (Circle) Male / Female

Grade level for 21/22 School Year _____ School Attended _____

Parent(s) Name(s) _____

E-Mail _____

Phone (h) _____ Phone (c) _____

Emergency Contact # 1: _____ Phone: _____

Relationship to camper: _____

Emergency Contact # 2: _____ Phone: _____

Relationship to camper: _____

T-Shirt Size (Circle):

YOUTH - Small Medium Large Extra-Large

ADULT - Small Medium Large Extra-Large

***Note: T-shirts for campers are not ordered if their registration forms arrive past the deadline date.**

PARENTAL CONSENT

I, _____
(Signature) (Please Print Name)

hereby give my consent for my son/daughter, _____
to attend the **Warren County Conservation District Summer Camp at the Hatch Run Conservation Demonstration Area.**

If you are enrolling more than one child you can include one check for the total cost. Please make checks out to **Warren County Conservation District.**

(\$30.00 service charge on all returned checks)

EMERGENCY AND MEDICAL FORM

(Please print legibly!)

Circle Applicable Camp:	YCC	CNC III	CNC II	CNC I	KNC
	June 15-17	July 12-13	July 15-16	July 27-28	July 29

Camper Name: _____

Address: _____

Parent's name: _____ Home/ Work Phone: _____

In case of an emergency, do you approve of us taking your child to Warren General Hospital's emergency room:

Yes _____ No _____ If no, what are your wishes? _____

Please list all food, medical or environmental allergies your child may have. Please notify us if your child has assistance from an outside agency. (This information is to assist the camp staff. It will be kept confidential. Camp staff will not administer medications.)

Suggested strategies for dealing with misbehavior: (Please note - Continued misbehavior will result in the camper being sent home.) _____

Any other information about your child that camp staff should be aware of: _____

Parent/Guardian Signature: _____ Date: _____

RESPONSIBILITY CLAUSE

It is understood that parents are responsible for any damages incurred by their son or daughter. Should your son or daughter behave inappropriately, and it is deemed necessary for him/her to be sent home prior to the end of camp, parents will assume the responsibility of picking their child up from camp at the designated time and place. Inappropriate behaviors include: being disruptive, disrespectful, expressing abusive behavior or inappropriate language. There will be no refund should your child be dismissed prior to the end of camp due to the inappropriate behaviors.

I have read and will adhere to all of the requirements set forth.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE FORM

Photographs will be taken of my son/daughter that have the potential to be used in the Warren County Conservation District's exhibits, published in local newspapers and the WCCD website, or other digital media.

I **will allow** photos of my child to be taken I **will NOT allow** photos of my child to be taken

* Please note that we do a group photograph, and your child will not be included if you do not allow photos.

My signature below verifies that I support my selected choice on the photo release form:

Parent/Guardian Signature: _____ Date: _____