

2010 KNC SUMMER CAMP REGISTRATION FORM

Please use a separate form for each child and complete both sides. PLEASE PRINT CLEARLY, SIGN, AND RETURN to:
KALAMAZOO NATURE CENTER, CAMP REGISTRAR, 7000 N. WESTNEDGE AVE., KALAMAZOO, MI 49009-6309

CAMPER FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED NAME
GENDER	BIRTH DATE	CURRENT GRADE	HOME PHONE
STREET ADDRESS		CITY/STATE	ZIP CODE

HOW DID YOU HEAR ABOUT OUR CAMP?

PARENT/GUARDIAN 1 FIRST NAME	LAST NAME	EMAIL ADDRESS	RELEASE CAMPER TO THIS CONTACT?
HOME PHONE	WORK PHONE	CELL/PAGER	<input type="radio"/> YES <input type="radio"/> NO

PARENT/GUARDIAN 2 FIRST NAME	LAST NAME	EMAIL ADDRESS	RELEASE CAMPER TO THIS CONTACT?
HOME PHONE	WORK PHONE	CELL/PAGER	<input type="radio"/> YES <input type="radio"/> NO

EMERGENCY CONTACT FIRST NAME	LAST NAME	RELATIONSHIP TO CAMPER	RELEASE CAMPER TO THIS CONTACT?
HOME PHONE	WORK PHONE	CELL/PAGER	<input type="radio"/> YES <input type="radio"/> NO

Circle the camp session number(s) you wish to attend. You will receive email confirmation of registration.

Remember to take a multiple-camp discount for each additional week!

- Session 1:** June 21-25 · Working with Wildlife
- Session 2:** June 28-July 2 · Flight School
- Session 3:** July 12-16 · Animals of the Past
- Session 4:** July 19-23 · Survival Sense

- Session 5:** July 26-30 · Bugs and Slugs
- Session 6:** August 2-6 · Amazing Animals
- Session 7:** August 9-13 · Water Beasts
- Session 8:** August 16-20 · Awesome Amphibians & Rockin' Reptiles

AGE/GRADE	PROGRAM	SESSIONS	BUS CODE (PAGE 5)	MEMBER	NON-MEMBER	MULTIPLE-CAMP DISCOUNT	SUBTOTAL
Age 3	My First Nature Camp	6/29 6/30 7/1 7/20 7/21 7/22 8/17 8/18 8/19	am: pm:	\$25	\$30	– \$5	
Ages 4-5	Junior Naturalist Camp	1 2 3 4 5 6 7 8	am: pm:	\$110	\$135	– \$15	
Grades 1-3	Explorers Camp	1 2 3 4 5 6 7 8	am: pm:	\$210	\$235	– \$15	
Grades 4-5	Wild Child Day Camp	1 3 5 7	am: pm:	\$210	\$235	– \$15	
Grades 4-5	Wild Child Campout	2 6	am: pm:	\$250	\$275	– \$15	
Grades 4-5	Wild Child Campout: Girls Only!	4 8	am: pm:	\$250	\$275	– \$15	
Grades 4-5	Wild Child Campout: Boys Only!	4 8	am: pm:	\$250	\$275	– \$15	
Grades 6-8	Adventure Field Lab	1	am: pm:	\$275	\$300	– \$15	
Grades 6-8	River Trek & Backpack Adventure	2 7	am: pm:	\$375	\$400	– \$15	
Grades 6-8	Adventure Day Camp	3 6	am: pm:	\$235	\$260	– \$15	
Grades 6-8	Adventure Skills Campout	4 5 8	am: pm:	\$275	\$300	– \$15	
Grades 9-12	Leadership in Nature	2	am: pm:	\$300	\$325	– \$15	
Grades 9-12	Wilderness Challenge	3	am: pm:	\$375	\$400	– \$15	
Grades 9-12	Backcountry Adventures	5	am: pm:	\$550	\$600	– \$15	
Grades 9-12	Canoe, Camp & Climb	7	am: pm:	\$275	\$300	– \$15	

GROUP MATE REQUEST (one per session):

FRIEND'S NAME	SESSION(S)
FRIEND'S NAME	SESSION(S)

METHOD OF PAYMENT: VISA MasterCard Discover Check

CREDIT CARD NUMBER	EXPIRATION DATE	CVV CODE	BILLING ZIP CODE
NAME ON CREDIT CARD			

Check enclosed, payable to Kalamazoo Nature Center. Check Number _____

TOTAL PROGRAM FEES \$ _____

SCHOLARSHIP PERCENTAGE _____

OPTIONAL T-SHIRT (\$10) \$ _____
Size: YM YL YXL AS AM AL AXL

OPTIONAL LUNCHBOX (\$10) \$ _____

OPTIONAL DONATION TO CAMPERSHIP FUND \$ _____

OPTIONAL FAMILY MEMBERSHIP (\$50) \$ _____

TOTAL ENCLOSED \$ _____

NAME(S) OF ADULT(S) – FOR OPTIONAL FAMILY MEMBERSHIP _____

NAME(S) OF CHILD(REN) – FOR OPTIONAL FAMILY MEMBERSHIP _____

Pick-Up Authorization: Please list the people authorized to pick up this child from camp or bus stops. Children will be released to authorized people and emergency contacts ONLY. Please bring photo identification when picking up campers.

NAME _____ DAYTIME PHONE _____

Tell us about your child...

Information will be used to help your camper have a great camp experience. All information will remain confidential. Are there any special considerations necessary to help your camper have a safe and successful experience at camp (health/emotions/behaviors)? Feel free to attach extra pages if necessary.

Demographics (optional)

We have been asked to track the following demographic information for grant-reporting purposes and to better serve our community. Information will remain confidential.

Ethnicity African American Asian American Caucasian
 Hispanic Multiracial Native American Other

Number of people in your household? _____

Household Income Below \$12,000 \$12,000-\$20,000
 \$20,000-\$35,000 \$35,000-\$50,000 \$50,000-\$75,000
 over \$75,000

Allergies

No known allergies Food Medicine The environment
 Other

Describe allergy and reaction seen: _____

Diet/Nutrition

Camper eats a regular diet Camper eats a vegetarian diet
 Camper has special food needs

Special dietary needs: _____

Restrictions/Adaptations

Camper can participate: Without restrictions/adaptations

With the following restrictions/adaptations: _____

Immunization History

If your child is not fully immunized, you will need to sign the Immunization Disclaimer, available at www.KNCCamp.org, to complete the registration process.

All immunizations up-to-date? Yes No

Date of last series: ____/____/____

General Release of Liability and Authorization for Treatment

This health history is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. These completed forms may be photocopied for trips out-of-camp. In consideration for being allowed to participate in the Kalamazoo Nature Center's Programs, I agree to assume the risk of such activities and programs and I further agree to hold harmless the Kalamazoo Nature Center and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including hiking and out-of-camp trips by van or bus, understanding that competent leadership is provided. The Kalamazoo Nature Center is not responsible for lost, stolen, or damaged personal articles. I also authorize the Kalamazoo Nature Center and its assignees to use any photograph or likeness of me or my child for print or electronic promotional purposes. I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child as named above. I acknowledge that this General Release of Liability and Authorization for Treatment of the Kalamazoo Nature Center is legally binding on me personally and on my heirs, personal representatives, successors, and assignees.

SIGNATURE OF PARENT/GUARDIAN

DATE

Medications

This camper does not take any medication.
 This camper takes the following medications*:

Medication descriptions _____

***IMPORTANT:** Medications must be sent with instructions. Ask your pharmacist for an extra labeled container with the full week's dosage to be given to your child while at camp. Medication must be given to camp staff on the first morning of camp. **Please return** "Permission to Administer Medication Form," which you will receive with your email confirmation.

May over-the-counter medications be given to camper for aches and pains? Yes No

(Visit the website at www.KNCCamp.org to view list of OTC meds.)

General Health History Check all that apply:

- | | |
|--|--|
| <input type="radio"/> Has been hospitalized | <input type="radio"/> Passed out/had chest pain during exercise |
| <input type="radio"/> Has had surgery | <input type="radio"/> Had mononucleosis (mono) in past 12 months |
| <input type="radio"/> Recurrent/chronic illness | <input type="radio"/> Problems with menstruation |
| <input type="radio"/> Recent infectious disease | <input type="radio"/> Problems falling asleep/sleepwalking |
| <input type="radio"/> Recent injury | <input type="radio"/> Asthma/wheezing/shortness of breath |
| <input type="radio"/> Diabetes | <input type="radio"/> Back/joint problems |
| <input type="radio"/> Seizures | <input type="radio"/> Bedwetting history |
| <input type="radio"/> Headaches | <input type="radio"/> Diarrhea/constipation issues |
| <input type="radio"/> Wears glasses, contacts, or protective eyewear | <input type="radio"/> Skin problems |
| <input type="radio"/> Fainting/dizziness | <input type="radio"/> Traveled outside country in past 9 months |

Explain YES answers to any of the above items. Feel free to attach an extra sheet if necessary. _____

Mental, Emotional, and Social Health Check all that apply:

- | | |
|--|---|
| <input type="radio"/> Has been treated for ADD/ADHD | <input type="radio"/> Has seen a professional to address mental/emotional health concerns in past 12 months |
| <input type="radio"/> Has been treated for emotional/behavioral difficulties | <input type="radio"/> Has had significant life event that continues to affect camper |
| <input type="radio"/> Has been treated for an eating disorder | |

Explain YES answers to any of the above items. Feel free to attach an extra sheet if necessary. _____

Medical Insurance Information

This camper is covered by family medical/hospital insurance.

HEALTH INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

DOCTOR'S NAME _____

DOCTOR'S PHONE NUMBER _____

CAMPER HEALTH HISTORY