

2019 Summer Camp Program Registration

Registration must be completed in person at Zion Nature Center. Marking a camp below does not guarantee participation. Enrollment is on a first-come, first-served basis. Children must be the correct age at start of their camp to participate. Camp fees are non-refundable. This form will not be processed unless completely filled out and accompanied by payment. Please write clearly and legibly.



2019 Camps and Dates:	Age (at start of camp)	Fee
<input type="checkbox"/> Wet and Wild Camp (Tues, June 4)	6 – 12 years	\$20
<input type="checkbox"/> Bonkers for Birds Camp (Thurs, June 7)	6 – 12 years	\$20
<input type="checkbox"/> Backyard Explorers Camp Session 1 (June 17 – 20)	4 – 5 years	\$45
<input type="checkbox"/> Backyard Explorers Camp Session 2 (July 8 – 11)	4 – 5 years	\$45
<input type="checkbox"/> Nature Navigators Camp AM (June 24 – 28)	6 – 8 years	\$85
<input type="checkbox"/> Nature Navigators Camp PM (June 24 – 28)	6 – 8 years	\$85
<input type="checkbox"/> Nocturnal Nature Camp (Fri, July 12)	8 – 14 years	\$20
<input type="checkbox"/> Biologist Boot Camp (July 15 - 19)	9 – 11 years	\$85
<input type="checkbox"/> My Grandperson and ME! (Tues, July 23)	4 – 6 years (w/grandparent)	\$15
<input type="checkbox"/> Fantastic Beasts Camp (Thurs, July 25)	6 – 12 years	\$20

Nature Bucket List T-shirts - Perfect for everyone in the family!

T-shirts are \$13; last day to order is May 1. **Save \$2 each when you pre order with your camp registration.**

You will be contacted when shirts arrive in late May. Please mark your desired quantity of each:

Youth Sizes: YS _____ YM _____ YL _____ Total Qty: _____ x \$11 = _____
 Adult Sizes: S _____ M _____ L _____ XL _____ XXL _____

2019 Summer Camp Participation Waiver and Release

Name of Participant: _____ Birth date: ____/____/_____
 Parent/Guardian Name: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____ (Home) _____ (Cell)
 Email: _____

I recognize and acknowledge that there are risks associated with the program, which may include but are not limited to; falls, contact with other participants, the effects of weather, misuse or failure of equipment. I waive all claims that I might have based on any of those and other risks typical in this type of activity. I am aware staff may provide support for this program, including but not limited to the administration of: first aid, CPR or the use of an AED. I authorize any such staff to assist my child and/or to provide such assistance as may be necessary or appropriate. I agree and hereby waive all claims against, and agree to fully release, hold harmless, and indemnify Zionsville Parks and Recreation Department, all representatives and independent contractors from all claims or liabilities of any kind arising out of my child's participation in this program. The above information is complete and accurate to my knowledge.

Signature: _____ Date: _____

Photo and Video Release

I hereby grant Zionsville Parks and Recreation Department to use, reproduce, and publish photographs and/or video that may pertain to my child — including image, likeness and/or voice without compensation. I understand that this material may be used in various publications, exhibits or for other related endeavors. This material may also appear on Town of Zionsville Internet Web Page and/or digital social media services. By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Signature: _____ Date: _____

Medical Information and Consent to Treatment

Emergency Contact Information

1. Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone #: _____ (Home) _____ (Cell)

2. Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Phone #: _____ (Home) _____ (Cell)

Medical History

Has your child had in the past or currently have any of the following:

- | | | | |
|--|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Modified diet | <input type="checkbox"/> Autism | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing/visually impaired | | | |

What special accommodations are required for the above conditions:

List any other history of medical problems or special circumstances we should be aware of:

Authorization, Signature and Consent to Treat

In the event of injury or illness, I authorize Zionsville Parks and Recreation to obtain first aid and/or medical treatment at the nearest and most adequate facility.

Signature: _____ Date: _____

