

WNC Nature Center's
Summer Camp 2017 Registration Form

(one camper per registration form, please)

Child's Name _____ Birth Date _____
Address _____ Grade Entering Fall 2017 _____
City _____ State _____ Zip _____
Parent(s) Name _____ Phone (H) _____
Email: _____ Phone (W) _____
Emergency Contact Name _____ Phone _____

T-Shirt Size: please circle one

Child S (6-8) M (10-12) L (14-16)

Adult S M L XL

(Note: Early Childhood & Kindergarten campers receive a special gift instead of t-shirts)

Please check all weeks for which you wish to register:

Early Childhood Camps (3-5 year olds with a parent)

___ June 26-30 EC 1. "Play It Again, Sam!"
___ July 10-14 EC 2. "Wild Exploration"
___ July 24-28 EC 3. "Discovery Camp"

Kindergarten Camp (Rising Kindergarteners)

___ June 19-23 K 1. "Introduction to Nature "
___ July 3-7 K 2. "Craft Time with Critters "
___ July 17-21 K 3. "Feathers, Fur, and Fun "

Wild Week Camps (Rising 1-3rd graders)

___ June 19-23 WW 1. "Beetles, Bugs, and Butterflies"
___ June 26-30 WW 2. "Camp Wattachamacallit"
___ July 3-7 WW 3. "Crafting with Nature"
___ July 10-14 WW 4. "Reptiles & Amphibians; Fact or Fiction"
___ July 17-21 WW 5. "Raccoon Rangers"
___ July 24-28 WW 6. "Swannanoa River Camp"
___ July 31-Aug 4 WW 7. "Woodland Arts and Crafts"

Nature's Bio-Blitz 3-Day Camp (Rising 4-7th graders)

___ June 14-16 "Nature's Bio-blitz"

Do you have a current Friends of the WNC Nature Center Membership: Yes No

Amount Paid: \$ _____ Number of camps registering for: _____ Rcpt # _____

Are you registering for **Pre Care**? Yes / No Are you registering for **After Care**? Yes / No

Payment Method: MC # _____ Visa # _____ Check # _____ Cash _____

Make checks payable to: **WNC Nature Center**. For information, contact the Nature Center at (828) 259-8082 or go to www.wncnaturecenter.com.

WNC Nature Center's Summer Camp Medical and Liability Release Form

To be completed and submitted with the camp registration form

Camper Name: _____ Parent(s) Name: _____

Street address: _____ City, State, Zip: _____

Phone number(s): W _____ Cell _____ Home _____

Insurance Company and Policy Number: _____

Physician's Name and Telephone: _____

In case of an emergency, I do hereby authorize the WNC Nature Center staff and camp facilitators to act on my behalf in seeking any medical treatment or medicine for my son/daughter named above during the WNCNC camp program.

***Parent signature required here: _____

MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Please check if the participant is subject to the following:

ADHD/ADD Autism Deafness Heart Trouble

Asthma Blindness Diabetes Seizures Other

Allergies: please describe _____

Date of last Tetanus Inoculation: ____/____/____

List any physical restrictions/limitations or pre-existing medical conditions we should be aware of:

Medication: dose/when administered/for what condition:

List any behavioral situations the staff might need to manage and what is best way to manage them:

Dietary restrictions for snacks (we provide bananas every day for those with gluten free needs & we attempt to restrict the presence of nut oils in our snacks. We will not use nut products/oils in any craft during camp.):

How would you describe your child's swimming ability:

non-swimmer beginner advanced

Do you allow a camp staff member to apply/assist with sun screen on your child? YES NO (circle one)

____ Initials

I am aware of the risks and dangers inherent in participating in this summer camp program for my child and may cease my participation in this activity or decline to participate at any time. I accept and assume these risks and agree to release, discharge and hold harmless the City of Asheville, its officers, employees, partners, and agents from any and all actions, the actions of others, or from dangerous or defective property or equipment, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my child's participation in this camp program.

____ Initials

In addition, I give my permission for the use my name, and photographs or digital images of me and/or my children in materials and publications produced and distributed by the City of Asheville, without compensation. The images may be used in any manner or media without any notification, inspection or compensation. I release the City of Asheville and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such recording or use.

Signature: of Parent/Guardian: _____ Date: _____