

MARSH HAVEN NATURE CENTER DAYCAMP 2019 REGISTRATION

Child

First _____ Last _____

Gender: Male ___ Female ___ Grade _____ Age (as of June 1, 2019) _____

Street _____

Address _____

City _____ State _____ Zip code _____ Home Phone _____

Critter Care Camp – June 15	<input type="checkbox"/>
BIRDcamp – June 16	<input type="checkbox"/>
BIRDcamp – July 13	<input type="checkbox"/>
Critter Care Camp – July 14	<input type="checkbox"/>

Parent/Guardian - Contact Information

First _____ Last _____

Street Address _____

City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ Email _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

Medical Release Information

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Allergies).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes ___ No ___ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Marsh Haven Nature Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Registration Information

BIRDCamp is for youth ages 6-10. This unique environmental, bird-themed day camp strives to foster a love and respect for the earth that lasts a lifetime. BIRDCamp offers science, games, art, drama and music all with a bird-themed focus. This curriculum is designed to inspire care and concern for the earth, in addition to helping campers learn more about our feathered friends. BIRDCamp is presented in an atmosphere of fun and camaraderie. Camp runs 10am to 3pm

\$30 Members or \$35 Non-members. Registration fee includes “Horicon Marsh Birds” book.

Critter Care Camp is for youth ages 11-14. They will get hands-on experience working with Marsh Haven Nature Center’s animal ambassadors. Learn what it takes to care for, handle, and provide housing for a variety of critters. Make enrichment toys for the animals, prepare their daily meals, and learn fascinating facts about many of the critters.

\$40 members or \$45 non-members. Registration fee includes a keepsake photo with favorite animal.

Make checks payable to Marsh Haven Nature Center

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Marsh Haven Nature Center Critter Care Camp or BIRDCamp**. I understand the photos will be used to keep a journal of activities, and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Marsh Haven Nature Center and its affiliates.

Parent’s/Guardian’s Initials _____

Marsh Haven Nature Center and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent/Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____

Mail completed form with registration fees to:

Marsh Haven Nature Center
W10145 State Road 49
Waupun, WI 53963__

Or call (920) 318-9518 to register with a credit card_____