

2024 Kids' Nature Camp Registration Form

Camper's Name: _____ Date of Birth _____

Group 1: Knee-High (Age 3-Entering Kindergarten) Group 2: Sprouts (Completed K, 1st or 2nd)

Group 3: Junior (Completed 3rd or 4th) Group 4: Adventurer (Completed 5th or 6th)

Child Information

First/Middle/Last: _____

_____ School Name:

_____ School

Address: _____ City: _____ State: _____ Zip code: _____

T-Shirt sizes Youth: XS, S, M, L T-Shirt sizes Adult: XS, S, M, L Gender: Male Female Preferred not to say

Parent/Guardian – Contact Information

#1. First/Middle/Last: _____

_____ Address:

_____ City: _____ State: _____ Zip code: _____ Phone: _____

_____ Email: _____ #2.

First/Middle/Last: _____

Address: _____ City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

| #1 Emergency Contact #2 Emergency Contact | |
|--|--|
| First/Middle/Last: _____ Relationship to child: _____ | First/Middle/Last: _____ Relationship to child: _____ |

Medical Release Information

Insurance Policy # _____ Health Insurance Provider:
_____ Address: _____ City: _____ State:
_____ Zip code: _____

| Medical problem | Required Treatment Should Paramedic be called? |
|-----------------|--|
| #1 _____ | _____ Yes. No. |
| #2 _____ | _____ Yes. No. |
| #3 _____ | _____ Yes. No. |

43982 Stine Rd. / P.O. Box 27 Redwood, NY 13679
indianriverlakes.org. info@indianriverlakes.org 315-482-4757

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

No Yes, please explain _____

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

No Yes, please explain _____

Does your child require a special diet?

No Yes, please explain _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Parent's/Guardian's initials: _____

I understand that the Indian River Lakes Conservancy 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: _____

How did you hear about the Indian River Lakes Conservancy Kids' Nature Camp? After School Program Website School Word of Mouth Flyer Others, please explain

Terms of Agreement - Photo Release

I hereby give permission for my child to be photographed during the Indian River Lakes Conservancy Kids' Nature Camp. I understand the photos will be used to keep a journal of activities, to share during PowerPoint presentations and/or reports

to our donors and for promotional purposes including flyers, brochures, newspapers 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 Indian River Lakes Conservancy and its affiliates.

The Indian River Lakes Conservancy and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Photos and quotes may be used for publicity purposed. 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's/Guardian's Signature: _____ Date: _____

Printed name of
Parent/Guardian: _____

Please send your complete form(s) to our address or email below!

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