

Kids' Nature Camp Registration Form

Camper's Name: _____

☐ Group 1: Knee-High (Preschool)

☐ Group 2: Sprouts (Completed K, or 1st)

☐ Group 3: Junior (Completed 2nd or 3rd)

☐ Group 4: Adventurer (Completed 4th or 6th)

**Knee-Highs July 15th –16th*

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: _____	First/Middle/Last: _____
Relationship to child: _____	Relationship to child: _____

Medical Release Information

Insurance Policy # _____ Health Insurance Provider: _____



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

Kids' Nature Camp Registration Form

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

Medical problem	Required Treatment	Should Paramedic be called?
#1 _____	_____	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
#2 _____	_____	<input type="checkbox"/> Yes. <input type="checkbox"/> No.
#3 _____	_____	<input type="checkbox"/> Yes. <input type="checkbox"/> No.

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 Bee/Wasp Stings, other?

☐ 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



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

Kids' Nature Camp Registration Form

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 camp@indianriverlakes.org!



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