

2017 Summer Camp: Registration Form

Please fill out a separate form for each child. Photocopies are acceptable.

Return form by:
Mail:
 Placer Nature Center Summer Camp
 3700 Christian Valley Road
 Auburn, CA 95602
Fax: (530) 878-3746
Email: programs@PlacerNatureCenter.org

Child's Name _____
 Child's Age _____
 Parent/Guardian Name _____
 Address _____ City _____ Zip _____
 Email _____
 Phone (_____) _____ Work/Cell Phone (_____) _____

Camps Fees: General Admission 5 day camp \$150, 3 day camp \$100 per child PNC members 5 day camp \$135, 3 day camp \$85 per child

Indicate the session(s) you would like to attend

Date	Theme	Time
June 12&13	Counselor Training (13 plus)	8:30am-11:30am
June 14-16	Dirt Made My Lunch (ages 6-10)	9am to 1pm
June 19-23	Howlers (ages 6-10)	9am to 1pm
June 27-29	Dinosaur Discovery (ages 6-10)	9am to 1pm
July 10-14	Geology Rocks (ages 6-10)	9am to 1pm
July 18-20	Flutterbys (ages 6-10)	9am to 1pm
July 24-28	Water Wizards (ages 6-10)	9am to 1pm
August 1-3 (with an evening program on 5th)	Sunlight, Starlight and Orbs (SSO) (ages 6-10)	9am to 1pm
August 8-10	Feather Finders (ages 6-10)	9am to 1pm

Payment Type:

Volunteer Counselor

My check/money order is enclosed, made out to PNC in the amount of \$ _____

We accept PayPal payments as well. Please log in to your PayPal account and choose the "send money" option. Please send the money to the following email address: linda@placernaturecenter.org Please make sure to include the camper name, program name, and date of camp in the "add a message" section. \$3.00 service fee for Pay Pal
 PayPal Confirmation# _____

RELEASE & EMERGENCY MEDICAL FORM

I, the parent or guardian of _____ agree to have my child participate in Placer Nature Center's Summer Camp. I assume all risks to my child associated with the program held at the Placer Nature Center (PNC). The program may include hiking and other outdoor activities. All natural areas contain animals, poisonous plants as well as other hazards. I agree to hold harmless PNC, their Board of Directors, staff, any cosponsors or volunteers leading this activity, both personally and in their respective capacities, from and against all liability for accident or injury to my child or his/her belongings arising out of participation in Summer Camp. If my child should become sick or injured, and either of his parents cannot be contacted, a licensed physician has my permission to treat the sickness or injury. I also understand that if my child is unable to attend camp, I must request the refund within 72 hours of the start of camp.

Parent or Guardian Signature _____ Phone Numbers _____ Date _____

*Please note any allergies, physical limitations or special condition your child has that program leaders should be made aware of:

I AUTHORIZE I DO NOT AUTHORIZE my child to be photographed or videotaped during activities for promotional materials (press releases, brochures, newspaper articles) PNC may send out to local media and schools.

In case I can not be reached, my child's Emergency Contact Person is (mandatory):

Name _____ Relationship to child _____
 Phone (_____) _____ Work/Cell Phone (_____) _____

PNC Staff Use Only

Date Received: ____/____/____ Initials _____ Paid Y/N? _____