

# 2019 Summer Camp: Registration Form

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

Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**Camps Fees: General Admission \$165.00 per child, PNC members \$150.00 per child.**

*Circle the session(s) you would like to attend*

Date	Theme	Time
June 8	Counselor Training (13 yrs plus)	8:30am-1:30pm
June 10-14	Geology Rocks (ages 6-12)	9am to 1pm
June 17-21	Dinosaurs with Wings (ages 6 -12)	9am to 1pm
June 24-28	Splish Splash, Fun with Water (ages 6-12)	9am to 1pm

## 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.

Signature \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Date \_\_\_\_\_

## 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: [programs@placernaturecenter.org](mailto:programs@placernaturecenter.org) Please make sure to include the camper name, program name, and date of camp in the "add a message" section. Note \$3.00 service fee for Pay Pal  
PayPal Confirmation# \_\_\_\_\_

\*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? \_\_\_\_\_