

# 2020 Fall Programs: Registration Form

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

**Return form by:**

**Mail:**

Placer Nature Center  
3700 Christian Valley Road  
Auburn, CA 95602

**Email:** [programs@PlacerNatureCenter.org](mailto:programs@PlacerNatureCenter.org)

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

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

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

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

Email \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

**Indicate the session(s) you would like to attend:**

Date	Theme	X
August 25-27	Habitat: a Place to Live	<input checked="" type="checkbox"/>
September 1-3	Watershed Explorers: Swimming Salmon	<input type="checkbox"/>
September 8-10	Native Americans of the Foothills	<input type="checkbox"/>
Sept 15-17	Wings: Birds, Bats and Bugs	<input type="checkbox"/>
Sept 22-24	Food Chains: Who's Eating Whom?	<input type="checkbox"/>
Sept 29- Oct 1	Life Cycles	<input type="checkbox"/>
October 6-8	Ecology: Everything is Connected	<input type="checkbox"/>
October 13-15	Watershed Explorers: Wetland Munchers	<input type="checkbox"/>
October 20-22	Geology Rocks	<input type="checkbox"/>
October 27-29	Watershed Explorers: Stream Swimmers	<input type="checkbox"/>
November 3-5	Natural Resource Conservation	<input type="checkbox"/>
November 10-12	Native Americans of the Foothills pt 2	<input type="checkbox"/>

- All After School Programs are \$20 a day
- They run Tuesday through Thursday 3:30-5:30pm
- Please have your child bring a snack and water bottle, and wear closed toed shoes.

**Payment Type:**

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

PayPal. For PayPal payments please add the \$1.75 service charge (per week/\$60) Please send the money to:  
**programs@placernaturecenter.org**  
PayPal Confirmation # \_\_\_\_\_

**RELEASE & EMERGENCY MEDICAL FORM**

I, the parent or guardian of \_\_\_\_\_ agree to have my child participate in Placer Nature Center's After School Program. 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 the program. 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, I must request the partial refund within 72 hours of the start of the program.

Parent or Guardian Signature \_\_\_\_\_

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 photos of videos of my child to be used for promotional materials (press releases, brochures, newspaper articles) PNC may use in social media or 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 \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

PNC Staff Use Only

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_ Paid Y/N? \_\_\_\_\_