

2022 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

Email: programs@PlacerNatureCenter.org

Child's Name _____

Child's Age _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Email _____

Primary Phone (_____) _____ Other Phone (_____) _____

Camps Fees: \$200 per child (non-members) \$170 per child (PNC members)

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

Date	Theme	Time	X
June 8 & 9	Counselor Training (ages 13-18)	9:30am-12pm	
June 14-16	Dirt Made My Lunch (ages 6-12)	9am-1pm	
June 21-23	Pollinators, Pests and Predators (ages 6-12)	9am-1pm	
June 28-30	Howlers (ages 6-12)	9am-1pm	
July 5-7	Dino Days: Prehistoric Creatures (ages 6-12)	9am-1pm	
July 12-14	Geology Rocks (ages 6-12)	9am-1pm	
July 19-21	Water Worlds: In the Flow (ages 6-12)	9am-1pm	

Payment Type:

Volunteer Counselor

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

() For PayPal payments, please send the money to the following email address: **programs@placernaturecenter.org** Make sure to include the camper name, program name, and date of camp in the "add a message" section. Please add the 2.9% service fee for Pay Pal.

PayPal Confirmation# _____

If you would prefer a five-day camp next year - let us know!

T-shirt size: Youth: S _ M _ L _ Adult: S M L XL XXL

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 co-sponsors 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 their belongings arising out of participation in Summer Camp. If my child should become sick or injured, and either of their 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 partial refund within 72 hours of the start of camp.

Parent or Guardian Signature _____

Phone Number _____

Date _____

*Please note any allergies, physical limitations or special conditions 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 (social media, 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 _____

Primary phone (_____) _____ Other Phone (_____) _____

PNC Staff Use Only

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