

2025 Summer Camp: 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

Child's Name _____ Child's Age _____

Parent/Guardian's Name _____

Address _____ City _____ Zip _____

Email address _____

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

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

Name _____ Relationship to child _____

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

Weekly Camp Fees:

Early bird registration is \$150/child (PNC members) and \$200/child (non-members) by May 31st.

Prices increase to \$175 for PNC members and \$250 for non-members on June 1st.

We offer a sliding scale and scholarships for families in need - contact us for details.

Payment Type:

Volunteer Counselor (no cost)

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

For Paypal and Venmo payments, please include the camper name, program name, and date of camp with your payment

Send Venmo payments to:
@PlacerNatureCenter

Send PayPal payments to:
programs@placernaturecenter.org

Please add the 3% service fee for PayPal

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

Date	Session Theme	Time	X
June 17 & 18	Counselor Training (ages 13-18)	9:30am-12pm	
June 24-26	Dirt Made My Lunch (ages 6-12)	9am-1pm	
July 1-3	Pollinators, Pests and Predators (ages 6-12)	9am-1pm	
July 8-10	Howlers (ages 6-12)	9am-1pm	
July 15-17	Dino Days: Prehistoric Creatures (ages 6-12)	9am-1pm	
July 22-24	Geology Rocks (ages 6-12)	9am-1pm	
July 29-31	Water Worlds (ages 6-12)	9am-1pm	

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.

Please note any allergies, physical limitations or special conditions your child has that we 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.

Parent or Guardian Signature _____

Date _____

PNC Staff Use Only

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