

Nature Explorer Camp, 2015

Pioneers Park Nature Center

March 9-13, M-F

Ages 6-12

8:30 a.m. - 5:00 p.m.

\$170/child

(Includes non-refundable \$25.00 deposit.)

Extended hours 7:30-8:30 a.m. & 5:00-5:30 p.m.



School's out... Looking for fun and adventure for your Spring Break? Spend it at the Nature Center. Children ages 6 - 12 will play games, explore, build magic spots, make friends, and have a great time during Spring Break. Campers will get outside every day to investigate the natural world around them.

Camper's Name _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____ Relationship _____

Address _____ Zip Code _____

Email _____

Phone to contact you during camp hours: 1. _____ 2. _____ 3. _____

Emergency Contact Name _____ Phone _____
(other than parent or guardian)

My child will be dropped off early ____ picked up late ____ both ____

Camp Cost: \$170

A \$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED WITH YOUR REGISTRATION. The remaining balance is due by March 4th. Cancellations not received one week before camp are billed for the full fee. Need-based scholarships are available. For more information please contact the Nature Center at 402.441.7895.

Amount Enclosed: _____

Check ____ (made payable to Lincoln Parks & Recreation) Credit Card: Visa ____ MC ____ Dis ____ # _____ Expires _____

Signature of Parent/Guardian _____ Date _____

Send to: Pioneers Park Nature Center • 2740 A Street Lincoln NE 68502 • naturecenter@lincoln.ne.gov • 402. 441.7895

Office Use Only:

Deposit: Date _____ Amount _____ Receipt Number _____ Received by _____

Payment: Date _____ Amount _____ Receipt Number _____ Received by _____

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Camp Waiver and Medical Form

Please read and initial each box as relevant, fill in the necessary blanks (please print), then sign below.

_____ **WARNING OF RISK, WAIVER AND RELEASE OF ALL CLAIMS FOR NATURE CAMP
BY PIONEERS PARK NATURE CENTER, LINCOLN PARKS AND RECREATION**

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in this program, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child/ward may incur or may accrue to me or my minor child/ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees, and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward or resulting of this program. I/we have read and understand the above Warning of Risk Waiver and Release of All Claims, and understand the effect of the relinquishment of rights hereby waived.

_____ **PHOTO RELEASE**

I/we also allow the City of Lincoln and the Parks and Recreation Department to take photos and/or videos of my minor child/ward during any of the activities of this program, for future publication, education and/or marketing purposes including social media.

_____ **HEALTH AND EMERGENCY INFORMATION**

I/we acknowledge that the information given below is accurate and that I/we give permission for the medications listed below to be given to my minor child/ward during this program.

Name of Family Physician _____ Physician's Phone _____

Please list any health or allergies your child/ward has? _____

Special needs or any other information the staff should know about the child _____

Please fill out the following information if your child/ward needs to take or carry medicine during the camp week. Please note that ALL medications MUST be in their original labeled containers in order to be dispensed at the Nature Camp.

_____ Medication Name _____ Dosage _____ Time _____

_____ Medication Name _____ Dosage _____ Time _____

Name of Camper _____ Date of birth _____

Name of Parent/Guardian _____ Relationship _____

Signature of Parent/Guardian _____ Date signed _____