

WILDERNESS NATURE CAMP, 2013

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 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, 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 arising from injuries, including death, damages and losses sustained by the undersigned or my minor child/ward arising of this program. I 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.

_____ **FIELD TRIP PERMISSION**

I/we authorize the City of Lincoln and the Parks and Recreation Department to take my minor child/ward on all field trips, whether by vehicular transportation, walking or biking during any of the activities of this program.

_____ **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, social media and/or marketing purposes.

_____ **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 _____

Allergic to what? _____

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 _____

WILDERNESS NATURE CAMP, 2013

Junior Counselor Leadership Camp Registration Form

- Learn, polish and practice your leadership skills
- Participate in a service learning project
- Develop team building skills and kindle new friendships
- Increase your knowledge of natural science and earth stewardship
- Gain experience working with and nurturing children
- Go on a fun-filled field trip

WHAT: A week of outdoor leadership training and fun. This program requires a registration form filled out by a parent or guardian, an application filled out by the camper and an interview. Registration and application forms are due May 1st. You will be contacted to schedule an interview time. Campers completing Leadership Camp may have the opportunity to volunteer as a Junior Counselor during one or two weeks of Wilderness Nature Camp. Please call the Nature Center at 402.441.7895 with any questions.

WHEN: June 3-7, 8:30 a.m. - 5:00 p.m.

WHO: Youth aged 13-17 (must be 13 by June 8, 2013)

WHERE: Wilderness Park, 1st and Calvert (Wednesday, June 5th we will meet at Holmes Lake for the day)

COST: \$100

Parent or guardian: complete both sides of this sheet. Please print.

Camper's Name _____ Completed Grade _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____ Relationship _____

Home Address _____ Zip Code _____

Email _____

Phones to Contact You During Camp Hours: 1. _____ 2. _____ 3. _____

Emergency Contact Name _____ Relationship _____

(other than parent or guardian)

Phone _____

A \$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED WITH YOUR REGISTRATION. The remaining \$75 are due on May 28th. Cancellations not received one week before camp are billed for the full fee. Scholarships are available for those who qualify. For more information and the necessary forms, please call the Nature Center, 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: Wilderness Nature Camp, Junior Counselors • Pioneers Park Nature Center • 2740 'A' Street, Lincoln, NE 68502

WILDERNESS NATURE CAMPS, 2013

Junior Counselor Leadership Camp Application

To be completed by applying camper.

Name _____ Camp Name (if returning camper) _____

Home Address _____ Zip Code _____

Email _____ Phone _____

Date of Birth _____ T shirt size: please check one Adult S ___ M ___ L ___ XL ___

Why do you want to be a junior counselor at Wilderness Nature Camps?

If you have been a Junior Counselor at Wilderness Nature Camp before what would you do differently this year?

Please list any experiences you have had with children, camps, and/or volunteering.

Please list any skills or knowledge you have relevant to camp, children, or nature.

Do you have any skills, knowledge or passion relating to any of the specific camps themes being offered? (see camp brochure)

What do you expect to gain from participating in this program?

What do you think will be expected of you?

Leadership Camp is June 3-7; you must be available to attend.

Please number in order of preference which week/s of Wilderness Nature Camps you would like to volunteer and circle the site you prefer.

___ June 10-14 **Wilderness Park** or **Jayne Snyder Trails Center** ___ June 17-21 **Wilderness Park** or **Pioneers Park Nature Center**

___ June 24-28 **Wilderness Park** or **Jayne Snyder Trails Center** ___ July 8-12 **Wilderness Park** or **Pioneers Park Nature Center**

___ July 15-19 **Wilderness Park** or **Holmes Lake** ___ July 22-26 **Wilderness Park only**

I would like to volunteer for only one week _____ I would like to volunteer for two weeks _____

Signature of Camper _____ Date _____