

2010 KNC Family Weekend Adventure Camp Registration Form

PLEASE PRINT CLEARLY, SIGN, AND RETURN the completed form to:
 KALAMAZOO NATURE CENTER, CAMP REGISTRATION, 7000 N. WESTNEDGE AVENUE, KALAMAZOO, MI 49009-6309

FIRST NAME	LAST NAME	EMAIL	
HOME PHONE	WORK PHONE	CELL/PAGER	
ADDRESS	CITY	STATE	ZIP

Tell us about your family.

Information will be used to help your family have a great camp experience. All information will remain confidential.

Number of Adults Attending: _____ Number of Children Attending: _____

Are there any special considerations necessary to help your family members have a safe and successful experience at camp (diet/health/allergies/emotions/behaviors)?

Feel free to attach extra pages if necessary.

PERSON 1 NAME	SPECIAL CONSIDERATION
PERSON 2 NAME	SPECIAL CONSIDERATION
PERSON 3 NAME	SPECIAL CONSIDERATION
PERSON 4 NAME	SPECIAL CONSIDERATION
PERSON 5 NAME	SPECIAL CONSIDERATION
PERSON 6 NAME	SPECIAL CONSIDERATION

Circle the number of each item you will need. You will receive email notification of registration.

Each camp site holds a maximum of 6 people. Campers/RVs are welcome. There are no water or electric hookups.

Fee Includes Saturday Dinner and Sunday Breakfast. Session runs Saturday, September 11, 10 am to Sunday, September 12, 11 am.

Item	Number	Member Price	Non-Mem. Price	Subtotal
# of Campsites (each site includes registration for 4 people)	1 2 3 4 5 ___	\$100/site	\$125/site	
Extra Persons (up to 2 per site)	1 2 3 4 5 ___	\$25/per person	\$25/person	
Tent Rental	1 2 3 4 5 ___	\$10/tent	\$10/tent	
Canoe Trip: Own Canoe	1 2 3 4 5 ___	\$5/canoe	\$5/canoe	
Canoe Trip: Rental Canoe	1 2 3 4 5 ___	\$15/canoe	\$15/canoe	

METHOD OF PAYMENT VISA MasterCard Discover Check

Credit Card Number _____

Name on Credit Card _____

Expiration Date _____ CVVB Code _____ Billing ZIP Code _____

Check enclosed, payable to Kalamazoo Nature Center Check Number _____

Total Program Fees \$ _____
 Optional Donation to Campership Fund \$ _____
 Optional Family Membership (\$50) \$ _____

TOTAL ENCLOSED \$ _____

NAME(S) OF ADULT(S) (FOR OPTIONAL FAMILY MEMBERSHIP) _____

CHILDREN'S NAMES/AGES (FOR OPTIONAL FAMILY MEMBERSHIP) _____

General Release of Liability and Authorization for Treatment

This health history is correct to the best of my knowledge and the persons herein described have permission to engage in all camp activities except as noted. These completed forms may be photocopied for trips out-of-camp. In consideration for being allowed to participate in the Kalamazoo Nature Center's Programs, I agree to assume the risk of such activities and programs and I further agree to hold harmless the Kalamazoo Nature Center and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my children to participate in all planned camp activities including hiking and out-of-camp trips by van or bus, understanding that competent leadership is provided. The Kalamazoo Nature Center is not responsible for lost, stolen, or damaged personal articles. I also authorize the Kalamazoo Nature Center and its assignees to use any photograph, picture, or likeness of me or my child for promotional purposes. I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child as named above. I acknowledge that this General Release of Liability and Authorization for Treatment of the Kalamazoo Nature Center is legally binding on me personally and on my heirs, personal representatives, successors, and assignees.

Signature of Parent/Guardian _____

Date: _____