

2010 KNC Spring Camp Registration Form

Please use a separate form for each child. **PLEASE PRINT CLEARLY, SIGN, AND RETURN** the completed form to:
KALAMAZOO NATURE CENTER, CAMP REGISTRATION, 7000 N. WESTNEDGE AVENUE, KALAMAZOO, MI 49009-6309

CAMPER FIRST NAME	MIDDLE NAME	LAST NAME	PREFERRED NAME
GENDER	BIRTH DATE	CURRENT GRADE	HOME PHONE
ADDRESS		CITY	STATE ZIP

How did you hear about our camp?

PARENT/GUARDIAN 1 FIRST NAME	LAST NAME	EMAIL
HOME PHONE	WORK PHONE	CELL/PAGER
Release Camper to this Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PARENT/GUARDIAN 2 FIRST NAME	LAST NAME	EMAIL
HOME PHONE	WORK PHONE	CELL/PAGER
Release Camper to this Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMERGENCY CONTACT FIRST NAME	LAST NAME	RELATIONSHIP TO CAMPER
HOME PHONE	WORK PHONE	CELL/PAGER
Release Camper to this Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Circle the camp(s) session number(s) you wish to attend. You will receive email notification of registration.

Don't forget to take a multiple camp discount on each additional camp if registering for more than one! (\$5/camp)

Session 1: Monday, March 29th ~ Survivorkids
Session 2: Tuesday, March 30th ~ Beautiful Birds and Bugs
Session 3: Wednesday, March 31st ~ Land of the Lost

Session 4: Thursday, April 1st ~ To Slime or Not To Slime?
Session 5: Friday, April 2nd ~ Hydro-Habitats

Age/Grade	Program	Sessions	Member	Non-Mem.	Mult. Camps?	Subtotal
PreK/Ages 4-5	Junior Naturalist Camp	1 2 3 4 5	\$20	\$25	\$5/camp	
1-3 grade	Explorers Camp	1 2 3 4 5	\$40	\$45	\$5/camp	
1-3 grade	Explorers Camp at Schrier Park	1	\$35	\$40	\$5/camp	
4-5 grade	Wild Child Camp	1 2 3 4 5	\$40	\$45	\$5/camp	

GROUP MATE REQUEST (One per Session):

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 \$ _____
 Scholarship Percentage _____
 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 person herein described has 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 child 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: _____

2010 KNC Winter Camp Registration

Camper Health History

Pick-Up Authorization: Please list the people authorized to pick up this child from camp or bus stops. Children will only be released to authorized people and emergency contacts. Please bring photo identification when picking up campers.

NAME DAYTIME PHONE

Tell us about your child.

Information will be used to help your camper have a great camp experience. All information will remain confidential. Are there any special considerations necessary to help your camper have a safe and successful experience at camp (health/emotions/behaviors)? Feel free to attach extra pages if necessary.

Demographics

We have been asked to track the following demographic information for grant reporting purposes and to better serve our community. Information will remain confidential.

Ethnicity African American Asian American Caucasian
 Hispanic Multi-Racial Native American Other

Number of people in your household? _____

Household Income Below \$12,000 \$12,000-\$20,000
 \$20,000 - \$35,000 \$35,000 - \$50,000 \$50,000 - \$75,000
 over \$75,000

Allergies

No known allergies Food Medicine The Environment
 Other

Describe allergy and reaction seen: _____

Diet/Nutrition

Camper eats a regular diet Camper eats a regular vegetarian diet
 Camper has special food needs

Special dietary needs: _____

Restrictions or adaptations

Camper can participate:

Without restrictions With the following restrictions or adaptations _____

Immunization History

Record the date (month/year) of immunizations and recent boosters.
If your child is not fully immunized, you will need to sign the Immunization Disclaimer provided to complete the registration process.

Diphtheria, tetanus, pertussis* (DTaP) or (Tdap): _____

Mumps, measles, rubella* (MMR): _____

Polio* (IPV): _____

Haemophilus influenzae type B (HIB): _____

Pneumococcal (PCV): _____

Hepatitis B: _____

Hepatitis A: _____

Varicella (chicken pox)/Had Chicken Pox: Date: _____

Meningococcal meningitis (MCV4): _____

Tuberculosis (TB) Test Date (Indicate Result): _____

All Immunizations up-to-date? Yes No

NAME DAYTIME PHONE

Medications

This camper does not take any medication
 This camper takes the following medications*

Medication descriptions _____

* **IMPORTANT:** Medications must be sent with instructions. Ask your pharmacist for an extra labeled container with the full week dosage to be given to your child while at camp. Medication must be given to camp staff on the first morning of camp. **Please return** "Permission to Administer Medication Form," which you will receive with your e-mail confirmation.

May over-the-counter medications be given to camper for aches and pains? Yes No

(Visit the website at www.KNCCamp.org to view list of OTC meds)

General Health History

Has/Does the Camper:

<input type="checkbox"/> Ever been hospitalized	<input type="checkbox"/> Passed out/had chest pain during exercise
<input type="checkbox"/> Ever had surgery	<input type="checkbox"/> Had mononucleosis (mono) in past 12 months
<input type="checkbox"/> Recurrent/chronic illness	<input type="checkbox"/> Problems with menstruation
<input type="checkbox"/> Recent infectious disease	<input type="checkbox"/> Problems falling asleep/sleepwalking
<input type="checkbox"/> Recent Injury	<input type="checkbox"/> Back/joint problems
<input type="checkbox"/> Asthma/wheezing/shortness of breath	<input type="checkbox"/> Bedwetting history
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Diarrhea/constipation issues
<input type="checkbox"/> Seizures	<input type="checkbox"/> Skin problems
<input type="checkbox"/> Headaches	<input type="checkbox"/> Traveled outside country in past 9 months
<input type="checkbox"/> Wear glasses, contacts, or protective eyewear	
<input type="checkbox"/> Fainting/dizziness	

Explain YES answers to any of the above items. Feel free to attach an extra sheet if necessary. _____

Mental, Emotional, and Social Health

Has/Does the Camper:

<input type="checkbox"/> Ever been treated for ADD/ADHD	<input type="checkbox"/> Seen a professional to address mental/emotional health concerns in past year
<input type="checkbox"/> Ever been treated for emotional/behavioral difficulties	<input type="checkbox"/> Had significant life event that continues to affect camper
<input type="checkbox"/> Ever been treated for an eating disorder	

Explain YES answers to any of the above items. Feel free to attach an extra sheet if necessary. _____

Medical Insurance Information

This camper is covered by family medical/hospital insurance

Health insurance company _____

Insurance Policy Number _____

Doctor's Name _____

Doctor's Phone Number _____