

2011 WNC SUMMER CAMP REGISTRATION FORM

Please use separate forms for each child. Please print clearly, sign, and return with payment to:
Registrar - Woldumar Nature Center, 5739 Old Lansing Rd., Lansing, MI 48917 OR Fax (517) 322-9394

PARENT/GUARDIAN I FIRST NAME LAST NAME

PARENT/GUARDIAN II FIRST NAME LAST NAME

HOME PHONE WORK PHONE

HOME PHONE WORK PHONE

OTHER PHONE EMAIL ADDRESS

OTHER PHONE EMAIL ADDRESS

PRIMARY STREET ADDRESS CITY STATE ZIP

CAMPER-FIRST NAME LAST NAME BIRTHDATE AGE ☐ MALE ☐ FEMALE

SESSION DATES	SESSION NAME	CODE	FEE	EXTENDED CARE	\$5 PHOTO	EARLY REG DISCOUNT*	TOTAL FEES
JUNE 20 - 24				\$15 / \$30		- \$10	
JUNE 27 - JULY 1				\$15 / \$30		- \$10	
JULY 5 - 8				\$15 / \$30		- \$10	
JULY 11 - 15				\$15 / \$30		- \$10	
JULY 12 - 14	ECO EXPEDITION	TRP1		N/A		- \$10	
JULY 18 - 22				\$15 / \$30		- \$10	
JULY 25 - 29				\$15 / \$30		- \$10	
AUGUST 1 - 5				\$15 / \$30		- \$10	
AUGUST 2 - 4	ECO VOYAGER	TRP2		N/A		- \$10	
AUGUST 8 - 12				\$15 / \$30		- \$10	
AUGUST 15 - 19				\$15 / \$30		- \$10	
AUGUST 22 - 26				\$15 / \$30		- \$10	
AUGUST 23 - 25	ECO EXTREME	TRP3		N/A		- \$10	
AUG 29 - SEPT 2				\$15 / \$30		- \$10	

*Registrations must be received on or before May 15 for early registration discount.

Method of Payment: ☐ Check # _____ (payable to Woldumar Nature Center)

☐ MasterCard ☐ Visa Name on Card: _____

Total Program Fees \$ _____

CREDIT CARD NUMBER EXPIRATION DATE

Free T-Shirt-\$10 value \$ 0.00

Membership Application (For new or renewing members) Membership Fee: **

Total Member Fees \$ _____

ADULT(S) FIRST/LAST NAMES

CHILDREN(S) FIRST/LAST NAMES AGES

TOTAL FEES \$ _____

ADDRESS/PHONE (IF DIFFERENT FROM ABOVE)

** Fee is \$42 for a one-year membership ending September 30, 2012. New and renewal memberships received after April 1 will receive a prorated membership rate of \$21. The prorated membership will expire on September 30, 2011.

FOR OFFICE USE ONLY

CAMPER HEALTH FORM

_____ Returning Camper? ☐ Yes ☐ No
CAMPER FIRST NAME LAST NAME

FREE T-SHIRT SIZE: ☐ YOUTH S ☐ YOUTH M ☐ ADULT S ☐ ADULT M ☐ ADULT L SCHOOL DISTRICT _____

ALLERGIES: (CHECK ALL THAT APPLY) ☐ Hay Fever ☐ Insects/Animals ☐ Food(s) ☐ Drugs ☐ Other _____

PLEASE EXPLAIN _____

Medications currently taking: _____
TYPE DOSAGE

EXISTING CONDITIONS _____
LIST ANY SPECIFIC PHYSICAL, EMOTIONAL OR BEHAVIORAL CONDITIONS AND EXPLAIN

Any Restrictions on activity? ☐ Yes ☐ No _____
IF YES, PLEASE EXPLAIN

WHAT ELSE DO WE NEED TO KNOW ABOUT YOUR CHILD IN ORDER TO ENSURE A POSITIVE CAMP EXPERIENCE?

EMERGENCY CONTACTS (Please list persons other than parent(s)/guardian(s) on registration form)

FIRST NAME LAST NAME RELATIONSHIP HOME PHONE OTHER PHONE

FIRST NAME LAST NAME RELATIONSHIP HOME PHONE OTHER PHONE

LIST PERSONS APPROVED TO PICK UP CAMPER (OTHER THAN PARENT/GUARDIANS)

WAIVERS

I grant permission for the applicant to participate in all planned camp activities unless otherwise noted above and for Woldumar Nature Center's staff to transport my child to/from Woldumar Nature Center locations and other facilities during camp sessions for which my child is registered.

I hereby give my permission to Woldumar Nature Center to seek emergency medical treatment for this child if needed while attending camp. I also authorize trained staff to administer first aid to this child or transport my child to a medical facility, if need arises.

I release and hold harmless Woldumar Nature Center, its employees, volunteers, agents, officers and affiliates from any and all injuries, damages, losses and claims arising out of this child's involvement with Woldumar Nature Center and the camp program.

My signature below indicates my consent to Woldumar Nature Center and its assignees to use any photograph, picture or likeness of my child for promotional purposes.

I certify the child above is in good health, has no infectious disease, and has had all current immunizations required by Michigan Public Schools.

SIGNATURE OF PARENT/GUARDIAN DATE