

# 2010 WNC WINTER BREAK CAMP REGISTRATION FORM

Please use separate forms for each child. Please print clearly, sign, and return to:

Registrar - Woldumar Nature Center, 5739 Old Lansing Rd., Lansing, MI 48917 OR Fax (517) 322-9394

PARENT/GUARDIAN(S) FIRST NAME LAST NAME / FIRST NAME LAST NAME

PRIMARY STREET ADDRESS CITY STATE ZIP

HOME PHONE ASK FOR WORK PHONE ASK FOR

OTHER PHONE ASK FOR EMAIL ADDRESS

CAMPER FIRST NAME LAST NAME AGE BIRTH DATE

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

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

EMERGENCY CONTACT - FIRST NAME LAST NAME RELATIONSHIP HOME PHONE OTHER PHONE

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

EXISTING CONDITIONS LIST ANY SPECIFIC MEDICAL, PHYSICAL, EMOTIONAL OR BEHAVIORAL CONDITIONS THAT NEED TO BE CONSIDERED

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

Medications currently taking: TYPE DOSAGE

SESSION NAME & DATES	FEE \$108/MEMBER; \$136/NONMEMBER	PHOTO \$5 EA	EXTENDED CARE FEE \$12 BEFORE OR AFTER; \$24 BOTH	TOTAL FEES

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: \$42 Total Member Fees \$

ADULT(S) FIRST/LAST NAMES TOTAL FEES \$

CHILDREN(S) FIRST/LAST NAMES AGES

ADDRESS/PHONE (IF DIFFERENT FROM ABOVE)

**WAIVERS** 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, 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 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 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