



Nature Explorer Camp

Monday-Friday, March 13-17, 2017

Pioneers Park Nature Center

Ages: 6-13 | \$180/child

8:30 am - 5:00 pm

Extended hours: 7:45-8:30 a.m. & 5:00-5:30 p.m.



Children ages 6-13 can spend Spring Break (Lincoln Public Schools) with us at the Nature Center. Learn about ecology, wildlife, and more during this fun filled day camp. We'll be outdoors every day hiking, exploring, playing games, making crafts, and so much more. Dress for the weather, bring a sack lunch, and be ready to have some fun. Extended hours are available: 7:45 am - 5:30 pm. *Register by February 28.*

___ March 13-17	Nature Explorers Camp	Camp Cost: \$180
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Child's Full Name _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

A \$25.00 NON-REFUNDABLE DEPOSIT IS REQUIRED WITH YOUR REGISTRATION. Deposit will be applied to total cost. Remaining fees are due ONE WEEK before camp. Cancellations not received one week before camp are billed for the full fee. Need-based scholarships are available. For more information please contact the Nature Center at 402.441.7895.

Amount Enclosed _____	___ Check (please make payable to Lincoln Parks & Recreation)
Credit Card # _____	(Visa / Master Card / Discover) Exp. Date _____ CSC _____

Name of Parent/Guardian _____ Phone Number _____

Signature of Parent/Guardian _____ Date signed _____

Registration is not considered complete until all forms are signed. Please complete both sides. →

Office Use Only:				
Deposit:	Date _____	Amount _____	Receipt Number _____	Received by _____
Payment:	Date _____	Amount _____	Receipt Number _____	Received by _____

Nature Explorer Camp, 2017 Camp Registration and Waiver

Complete both sides of form for each camper. Please print clearly.

Camper's Name _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Email _____

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

Emergency Contact Name _____ Phone _____
(other than parent or guardian)

HEALTH INFORMATION

I/we acknowledge that the information given is accurate and that I/we give permission for the medications listed below to be given to my minor child/ward during this program.

Please list any health or allergies your child/ward has? _____

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 _____

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

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 and/or marketing purposes including social media.

Signature of Parent/Guardian _____ Date _____

Registration is not considered complete until all forms are signed. Please complete both sides. →