

Camp Discovery, 2017

Ages 3-6 | Monday - Thursday, 9:00 - 11:30 a.m. | \$80/session

Camp Discovery is a half day camp designed for young explorers. Camp activities will be planned around each week's theme. Children should come prepared to be outdoors and will be getting dirty.

Campers meet in the Prairie Building Preschool Classroom. For more information please contact the Nature Center, 402-441-8669.

DATE	THEME	\$80/WEEK
June 5-8	Get Out. Be Active. Have Fun in Nature. Dig, climb, stretch, and play. We'll spend time hiking, learning yoga, and enjoying the outdoors.	_____
June 12-15	Rockin' Rocks Uncover buried treasure. We'll look for fossils and rocks as we explore the Nature Center.	_____
June 19-22	The Bone Zone Learn about bones. Our skeletons help make us who we are. By "we," I mean mammals (including me and my dog), birds, reptiles, amphibians, and fish.	_____
June 26-29	Fun in the Mud Mud, it's great to play in. We'll be getting wet this week as we explore the critters that live in our wetland and have fun with water.	_____
July 10-13	Outdoor Classroom Spend the week digging, building, and splashing in the Edna Shields Outdoor Play Space at the Nature Center.	_____
July 17-20	Outdoor Classroom Spend the week digging, building, and splashing in the Edna Shields Outdoor Play Space at the Nature Center.	_____
		Total _____

Camper's Name _____ Date of Birth _____ Gender _____

Cancellations not received one week before camp are subject to a \$20/child fee.

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: Payment: _____ Date _____ Amount _____ Receipt Number _____ Received by _____

Send to: Pioneers Park Nature Center • 3201 S. Coddington Lincoln NE 68522 • naturecenter@lincoln.ne.gov • 402. 441.7895

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Camp Waiver and Medical Form

Please print clearly

Camper's Name _____ Date of Birth _____ Gender _____

Home Address _____ Zip Code _____

Email _____

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

Please read and **INITIAL** each box as relevant, fill in the necessary blanks (please print), then sign below.

_____ **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 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.

_____ **LATE FEE**

I/we understand my child/ward is to be picked up promptly at class ending times and I will be charged a fee of \$5 for every 5 minutes I am late after class ends.

_____ **HEALTH AND EMERGENCY INFORMATION**

I/we acknowledge that the information given below is accurate.

Please list any health issues, allergies, or special needs your child/ward has _____

EMERGENCY CONTACT: Please list someone we can contact in case of an emergency.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of Parent/Guardian _____ Relationship _____

Signature of Parent/Guardian _____ Date _____

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