



2010 SUMMER CAMP REGISTRATION FORM

Time and Pricing Reminders

Membership and Scholarship Information on page 3
 For scholarship, enclose required information and subtract from total

Wee Wanderers	10:00 a.m.-11:30 a.m.	\$30/members and \$40/non-members
Early Drop-Off	8:00 a.m.- 9:00 a.m.	\$30/week
A.M. sessions	9:00 a.m.- 12:00 p.m.	\$90 members/\$110 non-members
Lunch Bunch	12:00 p.m.- 1:00 p.m.	\$30/week
P.M. sessions	1:00 p.m.- 4:00 p.m.	\$90 members/\$110 non-members

All full day sessions are priced as marked, including Urban Wilderness Camp (Mon-Thu)
 All full day sessions meet from 9:00 a.m.—4:00 p.m. (except Fishing Afar)

Participant Name _____ Age _____

Parent/Guardian _____

Address (include zip) _____

Email _____ Phone _____

Check here for paper mail copies of registration confirmation.

All camp correspondence will otherwise be **emailed** to the address listed above.

April 14: Mail and walk-in registration begins
 May 17: phone registration begins
 Registration forms available on our website

To register for a camp, please refer to the calendar on the facing page and complete the chart below. You may use this form to sign up for more than one camp for an individual, but **please use a separate form for each child**. Download additional forms at www.hartleynature.org or call 724-6735 to request paper copies. Confirmation will be emailed upon receipt of payment.

Hartley Nature Center reserves the right to cancel camps if minimum registration is not met. You will be notified 3 weeks in advance of any cancellations.

Date	Hartley Camp Session Title	X for mbr	Session Cost	Early Drop Off	a.m.	p.m.	Lunch Bunch	Total Cost
Date	Urban Wilderness Camp Title	X for mbr	Session Cost	Early Drop Off	T-shirt \$15	CD \$10	Yes, I'll do an eval	Total Cost

Hartley Nature Center Accepts Personal Checks, Visa, Mastercard and Discover

FINAL TOTAL

Name & Address Assigned to Card _____

Card Number _____

Expiration _____/_____

2010 SUMMER CAMP HEALTH FORM

The safety and success of any child is of paramount importance to parents, teachers and the other student participants. Therefore we ask that you please be forthright and thorough when completing this form.

Participant Name _____ Camp Session(s) _____

Participant Address _____

Date of Birth _____ Gender: (please circle) *Male* *Female*

Primary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Secondary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternate Phone _____

Dentist Name _____ Phone _____

Doctor Name _____ Phone _____

Medical History (list)

If there are any special concerns please discuss with instructor signs, symptoms, precautions and treatment.

Allergies (list)

If there are allergies please discuss with instructor signs, symptoms, precautions and treatment.

Special Considerations

Please describe any emotional/behavioral, mobility, or other issues you would like the instructor to take into consideration when planning your child's camp experience. If you as a parent, or Hartley Nature Center as the host agency, feel that your child would require a family member or a para-professional to accompany them during camp, it is best if we communicate immediately thereby allowing adequate time to make the necessary arrangements.

Emergency Authorization

The purpose of this emergency medical information is to allow HNC to provide medical knowledge and authorization to properly trained medical staff in the event of illness or injury during HNC programs for the individual listed. If the individual is a minor all reasonable attempts will be made to contact parents or guardian. I hereby give consent for medical treatment of my child by professional medical personnel.

Parent/Guardian Signature

Date

Photo Release

Hartley Nature Center uses photographs and video footage of program participants in promotional, scholarly, educational and other HNC materials. We request permission to use your child's likeness for promotion of HNC programs on www.hartleynature.org and in the production of marketing materials. By signing below you provide consent and thereby authorize HNC to include your child's likeness in the materials listed. This is recognized as an in-kind donation. If you have any questions, please call 724-6735.

Parent/Guardian Signature

Date