



# Kids Camp registration

Camp registering for \_\_\_\_\_

Kayaking Adventures (ages 8-12) 8:30 a.m.-noon June 15-16  
Kayaking Adventures (ages 13-18) 8:30 a.m.-noon June 22-23

Nature Kids (ages 4-5) 9 a.m.-noon July 18-20  
Nature Kids (ages 6-7) 1-4 p.m. July 18-20

Camper (s): \_\_\_\_\_ Age(s): \_\_\_\_\_ T-shirt size(s): \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies?  If yes, please list: \_\_\_\_\_

Special diet?  If yes, please describe: \_\_\_\_\_

*Please bring a sack lunch. Snack will be provided.*

Who has permission to pick child(ren) up?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Payment

Fee: Kayaking Adventures \$50 for non-members, \$40 for CFDC members

Nature Kids \$60 for non-members, \$50 for CFDC members

Conservation Foundation of Dickinson County member? (Yes/No) \_\_\_\_\_

Paid? (Yes/No) \_\_\_\_\_

Form of payment \_\_\_\_\_

*Checks should be made payable to*

## Liability Waiver

I hereby release, discharge, covenant not to sue and agree to hold harmless Dickinson County, the Dickinson County Conservation Board, the Dickinson County Nature Center, its member municipalities or assigns, their respective administrators, members, director, agents, officers, volunteers and employees, local organizing committees, other participants, any sponsors, advertisers, if applicable, owners and lessor of premises on which the activity takes place from all liability, claims, demands, losses or damages on account caused or alleged in whole or in part by any act or omission of the Releases in connection with the activity or otherwise, including rescue operations, and further agree that if, despite this release, or anyone on my behalf makes a claim against any of the releases named above I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost any may incur as the result of such claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

May we publish photos of your child? (Yes/No) \_\_\_\_\_

### Office use only

Date paid: \_\_\_\_\_

Form of payment (circle)

Cash Check Credit

Check No. \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. \_\_\_\_\_ Code \_\_\_\_\_

Employee/volunteer name: \_\_\_\_\_