

# 2017 Woodbury County Conservation Summer Day Camps Registration Form

Sponsored by: Woodbury County Conservation Board & Foundation and Dorothy Pecaut Nature Center

**Return Form & Payment to:** WCCF, c/o Theresa Kruid, 4500 Sioux River Road, Sioux City, IA 51109

**Please use a separate form for each camper. Complete the front & back of this page & print clearly.**

Camper's Name \_\_\_\_\_

Nickname if any \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade Next Fall \_\_\_\_\_

Male  Female

Parent/Guardian Name \_\_\_\_\_

E-mail Address (For confirmation letter & other info about Camps) \_\_\_\_\_

Complete Address \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Mom Cell Phone \_\_\_\_\_

Dad Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## To register your child, indicate your 1st & 2nd choice camp & session:

### Caterpillars: (ages 3-5 w/adult) - \$35

Nature Detectives (9:30-11:30am)  June 29-30

~~Nature Detectives (9:30-11:30am)  July 27-28~~

### Bumblebees: (age 4) ~ 3-Day Camps - \$45

Trail Treasures (9am-Noon)  June 26-28

~~Trail Treasures (9am-Noon)  July 31-Aug. 2~~

### Grasshoppers: (ages 5-6) ~ 4-Day Camps - \$65

~~Night Noises (9am-Noon)  June 19-22~~

~~Night Noises (9am-Noon)  July 17-20~~

### Grasshoppers: (ages 5-6) ~ 3-Day Camps - \$45

~~A Bugs Life (9am-Noon)  July 10-12~~

A Bugs Life (9am-Noon)  July 31-Aug. 2

### Bluebirds: (ages 7-8) ~ 4-Day Camps - \$65

Feathers, Fur & Scales (9am-Noon)  June 19-22

Feathers, Fur & Scales (9am-Noon)  July 17-20

### Bluebirds: (ages 7-8) ~ 3-Day Camps - \$45

~~Predators & Prey (9am-Noon)  July 10-12~~

Predators & Prey (9am-Noon)  July 24-26

### Meadowlarks: (ages 9-10) ~ 4-Day Camp - \$90

~~Nature's Builders (9am-2pm)  June 26-29~~

### Meadowlarks: (ages 9-10) ~ 3-Day Camp - \$70

Art in Nature (9am-2pm)  July 24-26

### Badgers: (ages 11-12) ~ 4-Day Camp - \$100

~~Wildlife Watch (9am-3pm)  June 12-15~~

### Badgers: (ages 11-12) ~ 2-Day Camp - \$75

Happy Hikers (9am-3pm)  July 6-7

### Hawks: (ages 13-15) ~ 2-Day Camp - \$80

~~Woodbury County Adventure (9am-1:30pm)  July 13-14~~

Circle T-shirt size ~ Child Sizes: XS (4) S (6-8) M (10-12) L (12-14) OR Adult Sizes: S M L XL

### Payment Method:

(Please include \$20 deposit **OR** total camp amount with form)

\$ \_\_\_\_\_  
Total Enclosed

Cash

Check (Payable to Woodbury County Conservation)

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

Signature \_\_\_\_\_

Scholarships available. E-mail [Camps@woodburycountyiowa.gov](mailto:Camps@woodburycountyiowa.gov) for more information

### WCCF Membership - Renewal or Join Now

Individual \$20  Family \$35  Wildlife Cons. \$50-99

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sorry, no credit card payment for memberships

Check Payable to WCCF: Check # \_\_\_\_\_

\*Note: membership & camp fees are processed separately, need 2 checks

\*\*For a full list of WCCF Membership benefits visit [woodburyparks.org](http://woodburyparks.org)

### Office Use Only

Date Deposit received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash  Credit  Staff \_\_\_\_\_ Amt. Due \_\_\_\_\_

Date Balance received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash  Credit  Staff \_\_\_\_\_ WCCF Mem \_\_\_\_\_

**Emergency contact other than parent:**

\_\_\_\_\_  
Name & Relationship

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Hospital Preference

Does your camper have any physical or emotional conditions or special medications of which our staff should be aware, such as asthma, allergies, etc.? (Call 712-258-0838 if your camper will need special accomodations.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Release**

In the event of an emergency, I give permission for the Woodbury County Conservation Board staff to administer first aid and/or obtain medical treatment for my child, \_\_\_\_\_. I further understand that every effort will be made to contact me and/or my emergency contacts. I give permission for emergency care and transportation to the nearest hospital, if necessary. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Photography Permission for Participants: (Please choose and check one)**

I grant permission to have my child photographed, and further agree that such photograph(s), if selected, may be used in publications and other materials produced by or about WCCB & DPNC. Publications may include area newspapers and in-house publications such as newsletters, brochures, webpage and presentations. Photographs are the property of the entity taking the photograph.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I do NOT want my child photographed. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Carpool Information:** My child may be dropped off or picked up by the following people:

\_\_\_\_\_  
Name & Relationship

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name & Relationship

\_\_\_\_\_  
Phone