

2018 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 _____
 Male Female
 Age _____ Date of Birth _____ Grade Next Fall _____
 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 _____

<p>Caterpillars: (ages 3-5 w/adult) - \$35 A Grand Adventure (9:30-11:30am) <input type="checkbox"/> June 25-26 A Grand Adventure (9:30-11:30am) <input type="checkbox"/> August 1-2</p> <p>Bumblebees: (age 4) ~ 2-Day Camps - \$35 The Great Outdoors (9am-Noon) <input type="checkbox"/> June 27-28 The Great Outdoors (9am-Noon) <input type="checkbox"/> July 11-12 The Great Outdoors (9am-Noon) <input type="checkbox"/> July 30-31</p> <p>Grasshoppers: (ages 5-6) ~ 2-Day Camps - \$35 Pollinator Pals (9am-Noon) <input type="checkbox"/> June 27-28 Mammal Mania (9am-Noon) <input type="checkbox"/> July 11-12 Pollinator Pals (9am-Noon) <input type="checkbox"/> July 23-24</p> <p>Grasshoppers: (ages 5-6) ~ 3-Day Camps - \$50 Frogs, Toads & Snakes (9am-Noon) <input type="checkbox"/> June 18-20 Frogs, Toads & Snakes (9am-Noon) <input type="checkbox"/> July 16-18 Frogs, Toads & Snakes (9am-Noon) <input type="checkbox"/> July 25-27</p>	<p>Bluebirds: (ages 7-8) ~ 2-Day Camps - \$35 Bump in the Night (9am-Noon) <input type="checkbox"/> June 25-26 Paws, Claws & Tails (9am-Noon) <input type="checkbox"/> July 9-10 Bump in the Night (9am-Noon) <input type="checkbox"/> July 30-31</p> <p>Bluebirds: (ages 7-8) ~ 3-Day Camps - \$50 Water Wonders (9am-Noon) <input type="checkbox"/> June 18-20 Water Wonders (9am-Noon) <input type="checkbox"/> July 16-18 Water Wonders (9am-Noon) <input type="checkbox"/> July 25-27</p> <p>Meadowlarks: (ages 9-10) ~ 2-Day Camp - \$50 Prairie Pollinators (9am-2pm) <input type="checkbox"/> June 21-22 Art in Nature (9am-2pm) <input type="checkbox"/> July 9-10 Prairie Pollinators (9am-2pm) <input type="checkbox"/> July 23-24</p> <p>Badgers: (ages 11-12) ~ 2-Day Camp - \$65 Hike, Paddle & Explore (9am-3pm) <input type="checkbox"/> June 11-12 Hike, Paddle & Explore (9am-3pm) <input type="checkbox"/> June 13-14</p> <p>Hawks: (ages 13-15) ~ 2-Day Camp - \$85 Woodbury County Adventure (9am-4pm) <input type="checkbox"/> June 21-22</p>
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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 _____

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

Office Use Only							
Date Deposit received _____	Amount \$ _____	Check # _____	Cash <input type="checkbox"/>	Credit <input type="checkbox"/>	Staff _____	Amt. Due _____	
Date Balance received _____	Amount \$ _____	Check # _____	Cash <input type="checkbox"/>	Credit <input type="checkbox"/>	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 accommodations.)

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