

# 2021 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 Camps info) \_\_\_\_\_

Complete Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mom Cell Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_ Alternate Phone (Indicate Home, Work, etc.) \_\_\_\_\_

Emergency contact other than parent: Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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.)

\_\_\_\_\_

\_\_\_\_\_

## Dorothy Pecaut Nature Center Summer Day Camps

### **Bumblebees: (age 4) 2-Day Camps - \$35**

~~Into the Woods (9am-Noon)  June 22-23~~  
~~Into the Woods (9am-Noon)  July 6-7~~

### **Grasshoppers: (ages 5-6) 2-Day Camps - \$35**

~~Bug Safari (9am-Noon)  June 24-25~~  
~~Nature's Hide & Seek (9am-Noon)  June 29-30~~  
~~Nature's Hide & Seek (9am-Noon)  July 15-16~~  
~~Bug Safari (9am-Noon)  July 20-21~~

### **Bluebirds: (ages 7-9) 2-Day Camps - \$35**

~~Forest Forensics (9am-Noon)  June 15-16~~  
~~Things with Wings (9am-Noon)  July 1-2~~  
~~Forest Forensics (9am-Noon)  July 8-9~~  
~~Things with Wings (9am-Noon)  July 13-14~~

### **Badgers: (ages 10-12) 2-Day Camps - \$50**

~~Trail Blazers (9am-2pm)  June 17-18~~  
~~Trail Blazers (9am-2pm)  July 27-28~~

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)

Debit/Credit Card # \_\_\_\_\_

Expiration Date \_\_\_/\_\_\_/\_\_\_ Security Code \_\_\_\_\_

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

Billing Address associated with Credit Card \_\_\_\_\_

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

### WCCF Membership - Renewal or Join Now

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

Name \_\_\_\_\_

E-mail Address \_\_\_\_\_  
\*Membership credit payments will be processed separately

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 \_\_\_\_\_

### **Medical 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

### **Covid-19 Memorandum of Understanding & Release**

Woodbury County Conservation Board and their staff members are committed to providing safe & healthy camps & programs for your children and families. Please review the safety guidelines below.

- Children/participants and staff will be asked to social distance to 6 feet or current guideline. We cannot guarantee children will social distance 100% of the time.
- Children/participants/Staff will not be required to wear face masks. They are recommended indoors and if social distancing is not possible.
- Children/participants will spend a majority of their time outdoors. The Nature Center class rooms may be used for inclement weather, short activities or crafts and restroom breaks.
- Hand sanitizer will be used upon arrival, after restroom use, and any other times as needed.
- Warm water and soap will not always be available.
- Children/participants will largely have their own equipment assigned to them for the program as to limit sharing materials. (insect nets, field guides, collection jars, writing utensils, etc.)
- When communal equipment is used, hands will be cleaned immediately following and equipment sanitized.
- When meeting an educational animal, ie. turtle, hands will be cleaned immediately following.

I, \_\_\_\_\_, have read the above measures and understand that by signing this I acknowledge and accept any risk incurred while attending or sending my child(ren) to educational programs at Woodbury County Conservation Board Parks and Dorothy Pecaut Nature Center.

I hereby consent to my child, \_\_\_\_\_, to participate in Summer Day Camp programs during June and July 2021 and will hold harmless Woodbury County, Iowa; the Woodbury County Conservation Board; and their staff or other program participants if my child/myself/ my family members are exposed to or succumb to Covid-19 while voluntarily attending this program.

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

### **Photography Permission for Participants**

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, social media & presentations. Photographs are the property of the entity taking the photograph.

\_\_\_\_\_  
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