



# Howell Nature Center Spring Break Day Camp Registration

Camper \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Parent or Guardian \_\_\_\_\_ Age \_\_\_ Grade \_\_\_  
 C-Phone \_\_\_\_\_ W-Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_  
 Email Address (Required for Confirmation) \_\_\_\_\_

All form fields and information are REQUIRED for a complete registration.  
 FULL NON-REFUNDABLE PAYMENT required at time of registration. Discounts not eligible.  
 Registration is non-refundable. Sorry, no exceptions! No-shows on registered days will not receive a refund or credit.  
 ALL FORMS MUST BE TURNED IN WITH REGISTRATION. Minor Participation, Health Form  
 One registration packet per camper.

## Check days of participation and Before and/or After Care needs:

**FULL WEEK** - March 26-30 - Monday - Friday = \$185

Before Care -  Monday  Tuesday  Wednesday  Thursday  Friday **\$6.00 per session x #Days =** \_\_\_\_\_

After Care -  Monday  Tuesday  Wednesday  Thursday  Friday **\$6.00 per session x #Days =** \_\_\_\_\_

Total \$185 + BC + AC = \_\_\_\_\_

**3 DAYS** - Monday, March 26, Wednesday, March 28 & Friday, March 30 = \$126

Before Care -  Monday  Wednesday  Friday **\$6.00 per session x #Days =** \_\_\_\_\_

Total \$126+ BC + AC = \_\_\_\_\_

**2 DAYS** - Tuesday, March 27 & Thursday, March 29 = \$84

Before Care -  Tuesday  Thursday **\$6.00 per session x #Days =** \_\_\_\_\_

After Care -  Tuesday  Thursday **\$6.00 per session x #Days =** \_\_\_\_\_

Total \$84 + BC + AC = \_\_\_\_\_

Type of payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Major Credit Card \_\_\_\_\_  
 Please make Check or Money Order payable to : Howell Nature Center  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC Code (on back of card) # \_\_\_\_\_  
 Name as it appears on Credit Card \_\_\_\_\_  
 I have read and agree to policies and procedures including tuition terms and refund policies \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_



# Agreement to Participate for MINORS

Group/School/Camp Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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

Parent/Guardian's Names \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

I understand that at the Howell Nature Center, I am expected to follow all the rules as presented by the HNC facilitator, Ropes staff, & EE staff including, but not limited to: listening and following safety instructions, running is not allowed, no negative comments to other participants, respect for adults in charge and other participants, and positive encouragement given to other participants.

I fully realize that participation in the high ropes, low ropes, initiatives, obstacle, tower, zip line, wall climbing courses ("Courses"), Global Village, and all Environmental Education classes involves psychologically and physically challenging situations and that my participation in the same could result in injuries including but, not limited to: sprains, cuts, rope burns and/or abrasions or more serious injury. I acknowledge that the Howell Nature Center ("HNC") has/will informed me of all required safety regulations and that my failure to follow the regulations and instructions may result in serious injury.

## **PARTICIPANT'S SIGNATURE**

**DATE**

I understand that a physician should be consulted before participation in these courses if my child has one of the following conditions: is pregnant, has a back condition, high blood pressure or a heart condition. I understand that an inhaler for exercise induced asthma, an Epi-pen for severe allergies or any other medication needed for a chronic medical condition should be brought with my child to participate in all activities. I acknowledge that my child's participation in the Courses means I accept the dangers that are open, obvious and necessary to these activities.

I agree to hold the **Howell Nature Center, its sponsors, agents, representatives, board members, employees, contractors and suppliers harmless for any and all damages which my child might sustain and suffer in connection with my child's participation in the Courses, programs, and activities at HNC.**

The HNC has my permission to secure emergency care for my child if necessary. I accept full responsibility for the cost of any treatment for any injury suffered while participating in the Courses.

## **AUTHORIZATION FOR AUDIO/VISUAL RECORDS**

I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

## **MEDICAL STATEMENT**

I recognize that climbing can be a strenuous endeavor requiring my child to be in good physical condition.

I am listing below those conditions my child has that could restrict my child's participation in the Challenge Courses, and activities while at camp at the HNC.

Medications currently taking: \_\_\_\_\_

I further certify that to the best of my knowledge, I have disclosed all information that could restrict my child's participation in this activity.

**IF PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, SIGNATURE OF BOTH PARENTS IS REQUESTED IN ADDITION TO PARTICIPANT'S SIGNATURE.**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE IF MINOR IS UNDER EIGHTEEN (18) YEARS OF AGE**

\_\_\_\_\_  
**DATE**



# Health History & Release Form

Dates & Name of Camp Attending: \_\_\_\_\_

Camper Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Home address \_\_\_\_\_  
Street address City State Zip  
 Custodial Parent/Guardian \_\_\_\_\_ Home/Cell # \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Emergency contacts \_\_\_\_\_  
Name Phone Relationship

**Insurance Information**  
 Is the participant covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No  
 Policy Holder's Name \_\_\_\_\_  
 Carrier or Plan Name \_\_\_\_\_ Policy # \_\_\_\_\_  
**Doctor Information**  
 Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Medications:** Does your child require the following? \_\_\_\_ EPI-PEN \_\_\_\_ RESCUE INHALER \_\_\_\_ OTHER  
 Please describe \_\_\_\_\_  
 \_\_\_\_\_

**Allergies and Dietary Restrictions**  
 Does your child have any allergies? (Please check one)  
 \_\_\_\_ No Known Allergies  
 \_\_\_\_ This camper is allergic to: (Circle any that apply) Food Drug/Medicine Environmental (stings, bites, etc.)  
**Please describe allergic reaction details, dates, and descriptions.** \_\_\_\_\_  
 \_\_\_\_\_  
 Does your child have any dietary restrictions? (Please check one)  
 \_\_\_\_ This camper has no restrictions.  
 \_\_\_\_ If yes, please describe. \_\_\_\_\_  
 \_\_\_\_\_

**Medication Being Taken**  This person takes NO Medication on a routine basis.  
 Please list all medications (including over-the-counter nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (If prescription drug), the name of the medication, the dosage, and the frequency of administration.

**This person takes medications as follows:**

Medication	Dosage	Times:					Reason
		Breakfast	Lunch	Dinner	Bedtime	Other	

**Over-the-Counter Medication**

I hereby give permission to administer the over-the-counter medications listed below, or their generic equivalents if the Camp Health Officers deem it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

OR PLEASE CROSS OUT (X) ANY MEDICATION THAT YOU CHILD CANNOT TAKE.

Acetaminophen	Antacids	Antibiotic Creams	Antihistamines	Calamine Lotion	Eye Drops
Ibuprofen	Insect Repellent	Pepto-Bismol	Sunburn Spray/Cream (Solarcaine)	Sunscreen	

**Immunizations**

My Child's Vaccinations are Up To Date/Current:      **YES**      **NO**      Please Initial \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardians Initials

**Health History (Explain "Yes" answers below)**

Has/does the camper:

1. Asthma/Inhaler	Yes No	13. Eating Disorder	Yes No	25. Respiratory Ailments	Yes No
2. Back pain?	Yes No	14. Epilepsy	Yes No	26. Seizures	Yes No
3. History of bedwetting	Yes No	15. Hay Fever	Yes No	27. Sinus Infections	Yes No
4. Behavioral issues	Yes No	16. Headaches	Yes No	28. Skin Problems	Yes No
5. Bleeding disorder	Yes No	17. Hearing Problems	Yes No	29. Sore Throats	Yes No
6. Cancer	Yes No	18. Hernia	Yes No	30. Speech Problems	Yes No
7. Constipation/Diarrhea	Yes No	19. Homesickness	Yes No	31. Stomach Aches	Yes No
8. Depression	Yes No	20. Irritable Bowel Syndrome	Yes No	32. Urinary Tract Infections	Yes No
9. Developmental Delays	Yes No	21. Lice	Yes No	33. Uses Eye Glass or Contacts	Yes No
10. Diabetes	Yes No	22. Mental Health Issues	Yes No	34. Visual Problems	Yes No
11. Downs Syndrome	Yes No	23. Motion Sickness	Yes No	35. Other	Yes No
12. Ear Infections	Yes No	24. Pneumonia	Yes No		

Please Explain "Yes" Answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Which of the following has the participant had?**

\_\_\_\_\_ Measles    \_\_\_\_\_ Chicken Pox    \_\_\_\_\_ Mumps    \_\_\_\_\_ German Measles    \_\_\_\_\_ Hepatitis A or B or C    \_\_\_\_\_ Mono (Past Year)

Does your child have any restriction on activity? Yes/No \_\_\_\_\_  
 \_\_\_\_\_

Will your child require any special assistance while at camp? Yes/No \_\_\_\_\_  
 \_\_\_\_\_

**What have we forgotten to ask?** Please use the space below (attach any extra notes) to provide us with any information that will help your camper be successful while they're at camp. This can include information pertaining to their social behavior, physical needs, or emotional habits. Do they need an aide in school, are they shy, do they need to be reminded to use the restroom, etc. Any information that may affect their participation in camp programs and potential accommodations are useful.

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

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I give permission for the camp First Aid personnel to provide routine health care, administer prescribed medications, and first aid treatment on site. I hereby give permission for HNC staff to administer the medication provided and listed on this form to my child I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for my child, in the event I cannot be reached in an emergency. I give permission to the physician or the aforementioned camp First Aid personnel to hospitalize, secure proper and/or routine treatment, and to order injection, anesthesia, x rays, or surgery for my child in the event I cannot be reached in an emergency. This completed form may be photocopied for trips out of camp. I understand that the Howell Nature Center may take certain reasonable recording of this camping event. I hereby authorize the HNC to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate HNC records, public relations, and/or advertising.

\_\_\_\_\_  
 (Signature of parent or guardian)

Date \_\_\_\_\_

\_\_\_\_\_  
 (Signature of parent or guardian)

Date \_\_\_\_\_