



# 2023 River Bend Nature Center

www.RiverBendRacine.org · 3600 N Green Bay Rd. Racine, WI 53404 · (262) 639-1515

## Summer Nature Camp Registration

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: (     ) \_\_\_\_\_ Cell #/Work #: (     ) \_\_\_\_\_

Email (required): \_\_\_\_\_

<u>Camps for Ages 4-6</u>	<u>8am-1pm</u>	<u>Member · Non-Member</u>		<u>Subtotal</u>
June 26-30	Little Naturalists Week #1	\$180	\$200	_____
July 17-21	Little Naturalists Week #2	\$180	\$200	_____
<u>Camps for Ages 7-12</u>	<u>8am-1pm</u>	<u>Member · Non-Member</u>		
June 12-16	Frontier Camp	\$180	\$200	_____
June 19-23	Tall Oaks Camp	\$180	\$200	_____
June 26-30	Fur, Fins, & Feathers	\$180	\$200	_____
July 5-7 (3 days)	Savvy Sleuths	\$108	\$120	_____
July 10-14	Bushcraft	\$180	\$200	_____
July 17-21	The Grub Club	\$180	\$200	_____
July 24-28	Wilderness Survival Camp	\$180	\$200	_____
July 31-August 4	Eco Science Camp	\$180	\$200	_____
August 7-11	River Week	\$180	\$200	_____
<u>Camp Assistant Program</u> <u>for Ages 14+</u>	<i>For more information and to apply, call 262-639-1515</i>	\$90/week	\$100/week	_____
<u>Extended Camp</u>	<i>1p-5:30p</i>	\$100/week · \$7/hr.		
				<b>Total</b>

*A limited number of scholarships are available for campers.  
Please contact River Bend for eligibility requirements and*

## River Bend Nature Center

### Summer Medical Form

**This form must be submitted for each child on or before his or her first camp day in order to participate.**

It is only necessary to submit one form per child per summer. Please inform us immediately if any information changes. *ALL* fields must be filled in, even if just listing not-applicable. *Please be thorough—without this information, we will not know of your child's unique needs or the proper treatment/actions required to care for your child while at camp.*

#### General Information

Child's Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Primary Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

#### Emergency Contact Information

Primary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

#### Medical History & Special Considerations

*Please check any special medical conditions that your child may have.*

- No specific medical condition
- Asthma -Will they bring an inhaler to camp? \_\_\_\_\_

Allergies:

- Food Allergies – please specify: \_\_\_\_\_
- Non-Food Allergies – please specify: \_\_\_\_\_
- Signs or symptoms to watch for: \_\_\_\_\_
- Will they bring an EpiPen to camp? \_\_\_\_\_

Other:

- Any disorder including cognitive, LD, ADD, ADHD, or autism: \_\_\_\_\_
- 'Triggers' that may cause medical or behavioral effects – please specify: \_\_\_\_\_
- Other condition(s) requiring special care – please specify: \_\_\_\_\_
- When should we notify you regarding symptoms? \_\_\_\_\_

## Sunscreen / Insect Repellent Authorization

If authorizing reapplication of sunscreen or insect repellent (other than Deep Woods Off), the sunscreen or insect repellent shall be provided by the parents and labeled with the child's name.

- Yes  No I authorize River Bend staff to apply sunscreen that I am providing to my child.
- Yes  No I authorize River Bend to allow my child to self-apply sunscreen.
- Yes  No I authorize River Bend staff to apply onsite insect repellent (Deep Woods Off!) to my child.
- Yes  No I authorize River Bend staff to apply onsite insect repellent that I am providing to my child.
- Yes  No I authorize River Bend to allow my child to self-apply insect repellent.

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## Additional Authorized Pick-Up

Contact _____	Relationship _____
Daytime Phone _____	Alternative Phone _____
Contact _____	Relationship _____
Daytime Phone _____	Alternative Phone _____

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## Consent and Emergency Authorization

My child may receive medical attention at my expense, should he/she become ill or injured while in the programs at River Bend Nature Center. I hereby authorize River Bend personnel to seek such emergency treatment and I authorize the attending physician or hospital to administer such treatment as is therapeutically necessary on the basis of the findings. I understand that the medical fees associated with this will be charged to me.

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



## Emergency Medical Authorization, Youth Waiver & Release of Liability

In consideration of being allowed to participate in any way in River Bend Nature Center related events and activities, the undersigned:

1. The parent(s) acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Release, waive, discharge and covenant not to sue River Bend Nature Center, their respective administrators, directors, agents and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as “releases”, from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, illness, damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
3. All photos taken by River Bend Nature Center can be potentially used in advertising and marketing. No child will be identified by name without the permission of the legal guardian.

I HAVE READ THE ABOVE MEDICAL AUTHORIZATION, WAIVER, AND RELEASE, AND UNDERSTAND MY RIGHTS BY SIGNING IT AND SIGN VOLUNTARILY.

Student/Participant Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Relationship to Student/Participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**River Bend Nature Center**

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