

2024 River Bend Nature Center

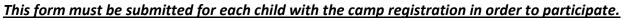
www.RiverBendRacine.org · 3600 N Green Bay Rd. Racine, WI 53404 · (262) 639-1515 Summer Nature Camp Registration

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 · N</u>	<u>Ion-Member</u>		<u>Su</u>	btot	al	
June 24-28	Little Naturalists Week #1	\$190	\$210	Waitlist Only				
July 15-19	Little Naturalists Week #2	\$190	\$210	Waitlist Only				
<u>Camps for Ages 7–12</u>	<u>8am–1pm</u>	<u>Member · N</u>	<u>Ion-Member</u>					
June 10-14	Frontier Day Camp	\$38/day	\$42/day	Μ	Tu	W	Th	F
June 17-21	Tall Oaks Camp	\$190	\$210					
June 24-28	Fur, Fins, & Feathers	\$190	\$210					
July 1-3 (3 days)	Savvy Sleuths	\$114	\$126					
July 8-12	Bushcraft	\$190	\$210					
July 15-19	The Grub Club	\$190	\$210					
July 22-26	Wilderness Survival Camp	\$190	\$210					
July 29-August 2	Eco Science Camp	\$190	\$210					
August 5-9	River Week	\$190	\$210	W	aitlis	t Onl	Y	
<u>Camp Assistant Program</u> <u>for Ages 14+</u>	For more information and to apply, call 262-639-1515	\$90/week	\$100/week	_	T	ota		
Extended Camp	1p-5:30p	\$100/week	• \$7/hr.					

<u>A limited number of scholarships are available for campers.</u> <u>Please contact River Bend for eligibility requirements and availability!</u>

River Bend Nature Center Summer Medical Form



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 / Z	Cip
Emergency Contact Information		
Primary Emergency Contact	R	elationship
Daytime Phone	Alternate Phone	
Primary Email		
Secondary Emergency Contact	R	elationship
Daytime Phone	Alternate Phone	
Primary Email		

Medical History & Special Considerations

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

- \Box 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 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.

Additional Authorized Pick-Up

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

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