



2025 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 23-27	Little Naturalists Week #1	\$200	\$220	_____
July 14-18	Little Naturalists Week #2	\$200	\$220	_____

<u>Camps for Ages 7-11</u>	<u>8am-1pm</u>	<u>Member · Non-Member</u>		
June 16-20	Frontier Camp	\$200	\$220	_____
June 23-27	Tall Oaks Camp	\$200	\$220	_____
June 30-July 3 (4 days)	Fur, Fins, & Feathers	\$160	\$176	_____
July 7-11	The Grub Club	\$200	\$220	_____
July 14-18	Bushcraft	\$200	\$220	_____
July 21-25	River Week	\$200	\$220	_____
July 28-August 1	Wilderness Survival Camp	\$200	\$220	_____
August 4-8	Diggers, Drillers, & Builders	\$200	\$220	_____
August 11-15	Bugs!	\$200	\$220	_____

<u>Camp Assistant Program</u> <u>for Ages 14+</u>	<i>For more information and to apply, call 262-639-1515</i>	\$100/week	\$110/week	_____
				Total

Extended Camp 1p-5:30p \$115/week · \$8/hr.

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

River Bend Nature Center Summer Medical Form

This form must be submitted for each child with the camp registration 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.

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: _____

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