



2018 Nature Day Camp Health & Registration Form

Child's Name: _____

Child's Date of Birth*: _____ Age: _____ Gender: Male Female

**Child must be enrolled in 1st grade through 9th grade for the 2018-2019 school year.*

School Attending Fall 2018: _____ Grade: _____

Child's Ethnicity: **Check those that apply*

- ☐ Non-Hispanic White
- ☐ African American
- ☐ Latino or Hispanic American
- ☐ East Asian or Asian American
- ☐ South Asian or Indian American
- ☐ Middle Eastern or Arab American
- ☐ Native American or Alaskan Native
- ☐ Other

Camp Tuition per Week: **Circle those that apply*

\$160 (Non-Members) **\$150** (YAA Members Fir & Above)

Scholarship

Make checks payable to: **Yakima Area Arboretum**

Week(s) Child is Attending Camp (Circle all that apply):

Creature Constructions (1 st -7 th grade)	Leap, Slither, & Crawl (1 st -3 rd grade)	Survivor (4 th -7 th grade)
June 18 – June 22	June 25 – June 29	June 25 – June 29
July 30 – August 3	July 23 – July 27	July 23 – July 27
	August 13 – August 17	August 13 – August 17

Water World (1 st -7 th grade)	Teen Naturalists (6 th – 9 th grade)	Nature in Motion (2 nd – 5 th grade)
July 9 – July 13	July 16 – July 20	July 16 – July 20
August 6 – August 10		

Parent 1 / Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____ Other: _____

Email: _____ @ _____

Parent 2 / Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____ Other: _____

Email: _____ @ _____

In case of emergency, please give us an alternate person to contact if you are unavailable.

Emergency Contact: _____ Phone: _____

Primary Physician: _____ Phone: _____

In case of injury, campers will be taken to the nearest hospital which is **Yakima Regional Medical Center** unless you specify another hospital: _____

Cancellation/Refund Policy: If you need to cancel your child's Nature Day Camp session for any reason, please contact us immediately. If the session is cancelled with at least 21 days' notice you will receive a full refund minus a \$30 processing fee. If the session is cancelled with less than 21 days, no refund will be given.

Please complete both sides of this form. One form per child must be completed.



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Medical Treatment Waiver & Authorization

As the parent or legal guardian of _____, I hereby grant permission for my child to participate in the Yakima Area Arboretum Summer Nature Day Camp Program. In the event of an emergency, accident or illness, I authorize the Yakima Arboretum and its agent(s) to administer emergency medical care to my child.

In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

My signature below hereby represents that I have read, understand, and consent to the terms and conditions of this document.

Signature: _____ Date: _____

Relationship to Child: _____

PERMISSION TO PARTICIPATE:

My child _____ has permission to engage in all camp activities except as noted below.

Are there any activities your child **cannot** participate in?

☐ YES

☐ NO

If YES, please describe: _____

HEALTH CONCERNS AND MEDICAL INFORMATION:

Does your child have any health issues (mental, emotional, or physical) or allergies that the YAA staff should be aware of?

☐ YES

☐ NO

If YES, please describe the reaction and the management to the reaction: _____

Does your child carry an Epi-Pen?

☐ YES

☐ NO

Does your child use/carry an inhaler, nebulizer, or other medical device?

☐ YES

☐ NO

Does your child currently take any prescribed medication(s)?

☐ YES

☐ NO

If YES, please describe medication and dosage:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

If medication needs to be taken at camp, please provide guidelines for administration:

LIABILITY AND MEDIA RELEASE

I, the undersigned, agree to hold harmless the Yakima Area Arboretum and its staff and volunteers of all liabilities known or unknown that may occur during the course of the scheduled Nature Day Camp. I am aware that natural or manmade hazards may be present in the outdoor classroom environment and that my camper will be spending the day exploring the Arboretum grounds, and/or adjacent properties such as, but not limited to, the Yakima Greenway Pathway, Sportsman State Park, Yakima Regional Wastewater Treatment Facility, the former KOA Campground, and the banks of the Yakima River. I am aware that participants will be handling materials and equipment commonly found in gardens and unmanaged landscapes, such as soil, sand, water, insects, plant materials, and rocks, but not limited to these materials only. I accept all responsibility for the activities performed during the program. Photographs will be taken at the Yakima Arboretum Nature Day Camp showing campers and staff involved in camp activities. These may be used by the Arboretum for promotional, informational and educational purposes.

☐ Photographs may include my youngster.

☐ Please do NOT include my youngster in camp photographs

Signature of Parent/Guardian

Date

Please complete both sides of this form. One form per child must be completed.