

Spring Break Camp

Kindergarten - 8th grades



**Join us for Spring Break Day Camp,
we will have a blast rain, snow, or shine...
because lets face it, you never know in Michigan!**

March 27-31, 2017

8:00 a.m. to 5:00 p.m.

\$42/Daily or Full Week \$185

Before Care & After Care

Before Care: 7:00 to 8:00 a.m. - \$5.00 per child, per session

After Care: 5:00 to 6:00 p.m. - \$5.00 per child, per session

Overnight \$35 - March 30

(Overnight is for campers 2nd grade and up)

OVERNIGHT AVAILABLE!

March 30th (2nd grade & up)

\$35 per camper. Includes, Dinner, Snacks, Breakfast, Evening Activities & Bonfire!

Campers must attend Camp during the day to participate in overnight!

Pick up 8:00am unless registered for following day.

Monday, March 27 - Camper vs. Wild

Survival Scavenger Hunt, Orienteering & Canoeing

Tuesday, March 28 - Crazy Critter Day

Mythbusters Live Animal Show, Wild Wonders Tour & Food Chain Games

Wednesday, March 29 - Superhero - Bring a costume

Zip Line & Heroes vs. Villains Capture the Flag

Thursday - March 30 - Wild & Wacky Day

Archery, Juggling, Dance Party & Camp Store - bring your money

Friday - March 31 - Amazing Adventure Day

Tower, Bonfire with S'mores, 9 Square in the Air & Campers Choice

(All activities subject to weather conditions)

Full payment is required at time of registration. Registrations are non-refundable, no-shows on registered days will not receive a refund or credit.

All scheduled activities are tentative.

Things to bring daily:

**LUNCH, WATER BOTTLE, BOOTS,
EXTRA SNACKS, AND BACKPACK.**

Overnight Packing List:

**Sleeping Bag/Pillow, Toiletries &
Change of Clothes**



**Howell Nature Center 1005 Triangle Lake Road, Howell, MI 48843
(517) 546-0249 howellnaturecenter.org**

2017 Spring Break Camp

Grades K-8



Howell Nature Center

Camper _____ Male _____ Female _____ Date of Birth _____ Age _____ Grade _____

Parent or Guardian _____

H-Phone _____ C-Phone _____ W-Phone _____

Address _____ City _____ State _____ Zip _____

Email Address (Required for Confirmation) _____

Circle all of the days your child will be attending camp.

If you are in need of Before Care (BC) or After Care (AC), please circle for appropriate care on the appropriate days.

OVERNIGHT: If your camper will be spending the night, please indicate below. (2nd Grade & Up)

FULL PAYMENTS IS REQUIRED at time of Registration! Before and After Care must be prepaid.

Registration is non-refundable. Sorry, no exceptions!

No-shows on registered days will not receive a refund or credit.

HEALTH/PERMISSION SLIP & AGREEMENT TO PARTICIPATE Forms must be turned in with registration.

| Day Camp K-8 grades | Mon | Tues | Wed | Thurs | Fri | # of Days | # of Days \$42 or \$185 Day Week | Thursday \$35 Overnight (2nd grade & Up) | # of BC/AC Days | BA/AC Days X Fee = | TOTAL DUE |
|---------------------|-----|------|-----|-------|-----|-----------|----------------------------------|--|-----------------|--------------------|-----------|
| March 27-31 | 27 | 28 | 29 | 30 | 31 | | | | | | |
| | BC | AC | BC | AC | BC | AC | | | | | |

Type of payment: Check _____ Money Order _____ Major Credit Card _____ Card # _____ Exp. Date _____

Please make Check or Money Order payable to : **Howell Nature Center**

Name as it appears on Credit Card _____ CVC Code (on back of card) # _____

I have read and agree to policies and procedures including tuition terms and refund policies _____

How did you hear about us? _____

howellnaturecenter.org 517-546-0249 1005 Triangle Lake Road, Howell, MI 48843

(Please make a copy of this form for each camper attending)

| Camp Hours | | Before Care | |
|--|-------|---------------|-----|
| 8:00 - 5:00 | Daily | 7:00 - 8:00am | \$5 |
| Daily Rate: | \$42 | After Care | |
| Full Week Rate: | \$185 | 5:00 - 6:00pm | \$5 |
| | | (Per Session) | |
| Overnight - \$35 (2nd & up) | | | |
| Must attend Camp during the day to participate in overnight. | | | |
| Pick up at 8:00am unless registered for following day. | | | |



Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 • Office # 517-546-0249 Fax # 517-546-1677 • www.howellnaturecenter.org

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 Challenge Program 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 exercised induced asthma, an Epi-pen for severe insect allergies or any other medication needed for a chronic medical condition should be brought with my child to the challenge courses. 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 attest that 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



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Permission Slip and Health History Form

To be completed by parent or guardian

Dates and Name of Camp Attending _____

Camper Name _____ DOB _____ Age _____ Gender _____

Home address _____
Street address City State Zip

Custodial Parent/Guardian _____ Home # _____

Email Address _____

Place of work _____ Work # _____ Cell # _____

Emergency contacts _____

Name Phone Relationship
 Address _____
Street address City State Zip

If not available in an emergency, notify _____

Name Phone Relationship
 Address _____
Street address City State Zip

Insurance Information

Is the participant covered by family medical/hospital insurance? ____ Yes ____ No

Policy Holder's Name _____

Carrier or Plan Name _____ Policy # _____

Name of family physician _____ Phone _____

Address _____
Street address City State Zip

Important !! This box must be complete for attendance!

Parent/Guardian Authorizations: I give permission for my child to attend the Howell Nature Center camps. 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 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 _____

Diet/Nutrition: (Check one)

_____ This Camper eats a regular diet. (Has no restrictions)

_____ This Camper eat a vegetarian diet.

_____ This Camper has special dietary needs (Please describe) _____

Restrictions: (Circle any restrictions that apply)**Does not eat:** Red Meat Pork Dairy Poultry Seafood Eggs Gluten Other: _____**Health History:****Allergies:** List all known allergies. Describe reaction and management of the reaction.**Medication Allergies (list)** _____**Food** _____**Other (insect stings asthma, animal)** _____**Medications Being Taken:**☐ **This Person takes NO Medications 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****Hours given****Reason**

| <u>Medication</u> | <u>Dosage</u> | <u>Hours given</u> | <u>Reason</u> |
|-------------------|---------------|--------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

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

Tylenol

Benadryl

Cough drops

Tums

Pepto Bismol

Robitussin

Motrin

Contac

Eye drops

Aloe Cream

Caladryl lotion

Hydrocortisone cream

General Questions (Explain "yes" answers below)

Has/does the participant:

Yes No**Yes No**

- | | | | |
|---|-------|--|-------|
| 1. Had any recent injury or illness or infectious disease?..... | _____ | 9. Ever been hospitalized?..... | _____ |
| 2. Have a chronic or recurring illness/condition?..... | _____ | 10. Ever had surgery?..... | _____ |
| 3. Have frequent headaches?..... | _____ | 11. Ever had a head injury?..... | _____ |
| 4. Ever been knocked unconscious?..... | _____ | 12. Wear glasses, contacts or protective eye wear?.... | _____ |
| 5. Ever have frequent ear infections?..... | _____ | 13. Ever have seizures?..... | _____ |
| 6. Ever been diagnosed with a heart murmur?..... | _____ | 14. Ever had back problems?..... | _____ |
| 7. Have any skin problems? (itching, rash, acne)?..... | _____ | 15. Have diabetes?..... | _____ |
| 8. Have asthma?..... | _____ | 16. Have a history of bed-wetting?..... | _____ |

Please explain any yes answers, noting the number of the questions. _____**Which of the following has the participant had?**

_____ Measles _____ Chicken Pox _____ Mumps _____ German measles _____ Hepatitis A or B or C

My Child's Vaccinations are Up To Date/Current:☐ **YES**☐ **NO****Please Initial** _____**Date** _____

Parent/Guardians Initials

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.