

# 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



2017

# Spring Break Camp

Grades K-8



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 PARTICPATE Forms must be turned in with registration.**

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

BC

AC



## Howell Nature Center

1005 Triangle Lake Rd. Howell, MI 48843 • Office # 517-546-0249 Fax # 517-546-1677 • [www.howellnaturecenter.org](http://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.

Date \_\_\_\_\_

(Signature of parent or guardian)

Date \_\_\_\_\_

(Signature of parent or guardian)

**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:**

<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**

1. Had any recent injury or illness or infectious disease?.....
2. Have a chronic or recurring illness/condition?.....
3. Have frequent headaches?.....
4. Ever been knocked unconscious?.....
5. Ever have frequent ear infections?.....
6. Ever been diagnosed with a heart murmur?.....
7. Have any skin problems? (itching, rash, acne)?.....
8. Have asthma?.....

<b>Yes</b>	<b>No</b>
9. Ever been hospitalized?.....	.....
10. Ever had surgery?.....	.....
11. Ever had a head injury?.....	.....
12. Wear glasses, contacts or protective eye wear?....	.....
13. Ever have seizures?.....	.....
14. Ever had back problems?.....	.....
15. Have diabetes?.....	.....
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.