Nature Day Camp and Kids Nature Night Health & Registration Form

Child’s Name: ____________________________________________
Child’s Date of Birth: ___________________ Age: ______ Gender: Male Female

School Attending Fall 2020: ________________________ 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: $180 (Non-Members) ☐ $162 (YAA Members Fir & Above)

Camp Scholarship

Kids Nature Night per Event:
☐ $35 (First Child) ☐ $20 (Each Additional Child)

Make checks payable to: Yakima Area Arboretum

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 Astria Regional Medical Center unless you specify another hospital: __________________________

Cancellation/Refund Policy: If you need to cancel your child’s Nature Day Camp or Kids Nature Night session for any reason, please contact us immediately. If the session is cancelled with at least [21 days’ notice for Nature Day Camp/7 days’ notice for Kids Nature Night] you will receive a full refund minus a [$30 processing fee for Nature Day Camp/$5 for Kids Nature Night]. If the session is cancelled with less than [21 days for Nature Day Camp/7 days for Kids Nature Night], no refund will be given.

Please Fill Out Both Sides of This Form

Please complete both sides of this form. One form per child must be completed.
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 and Kids Nature Night 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: ____________________________

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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 and Kids Nature Night. I am aware that natural or manmade hazards may be present in the indoor and 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, live animals, 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.

□ Please do NOT include my youngster in camp photographs (including end of the week photos for parents)

______________________________________________________________

Signature of Parent/Guardian Date