

*WNC Nature Center's*  
**Summer Camp 2017 Registration Form**

(one camper per registration form, please)

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Grade Entering Fall 2017 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Email: \_\_\_\_\_ Phone (W) \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**T-Shirt Size:** please circle one

**Child** S (6-8) M (10-12) L (14-16)

**Adult** S M L XL

*(Note: Early Childhood & Kindergarten campers receive a special gift instead of t-shirts)*

**Please check all weeks for which you wish to register:**

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**Early Childhood Camps (3-5 year olds with a parent)**

\_\_\_ June 26-30            EC 1. "Play It Again, Sam!"  
\_\_\_ July 10-14           EC 2. "Wild Exploration"  
\_\_\_ July 24-28           EC 3. "Discovery Camp"

**Kindergarten Camp (Rising Kindergarteners)**

\_\_\_ June 19-23           K 1. "Introduction to Nature "  
\_\_\_ July 3-7             K 2. "Craft Time with Critters "  
\_\_\_ July 17-21           K 3. "Feathers, Fur, and Fun "

**Wild Week Camps (Rising 1-3<sup>rd</sup> graders)**

\_\_\_ June 19-23           WW 1. "Beetles, Bugs, and Butterflies"  
\_\_\_ June 26-30           WW 2. "Camp Wattachamacallit"  
\_\_\_ July 3-7              WW 3. "Crafting with Nature"  
\_\_\_ July 10-14           WW 4. "Reptiles & Amphibians; Fact or Fiction"  
\_\_\_ July 17-21           WW 5. "Raccoon Rangers"  
\_\_\_ July 24-28           WW 6. "Swannanoa River Camp"  
\_\_\_ July 31-Aug 4        WW 7. "Woodland Arts and Crafts"

**Nature's Bio-Blitz 3-Day Camp (Rising 4-7<sup>th</sup> graders)**

\_\_\_ June 14-16           "Nature's Bio-blitz"

Do you have a current Friends of the WNC Nature Center Membership: Yes No

Amount Paid: \$ \_\_\_\_\_ Number of camps registering for: \_\_\_\_\_ Rcpt # \_\_\_\_\_

Are you registering for **Pre Care**? Yes / No    Are you registering for **After Care**? Yes / No

Payment Method:    MC # \_\_\_\_\_ Visa # \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

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Make checks payable to: **WNC Nature Center**. For information, contact the Nature Center at (828) 259-8082 or go to [www.wncnaturecenter.com](http://www.wncnaturecenter.com).

**WNC Nature Center's Summer Camp Medical and Liability Release Form**

To be completed and submitted with the camp registration form

Camper Name: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone number(s): W \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Insurance Company and Policy Number: \_\_\_\_\_

Physician's Name and Telephone: \_\_\_\_\_

In case of an emergency, I do hereby authorize the WNC Nature Center staff and camp facilitators to act on my behalf in seeking any medical treatment or medicine for my son/daughter named above during the WNCNC camp program.

\*\*\*Parent signature required here: \_\_\_\_\_

**MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN**

Please check if the participant is subject to the following:

ADHD/ADD                       Autism                       Deafness                       Heart Trouble

Asthma                       Blindness                       Diabetes                       Seizures                       Other

Allergies: please describe \_\_\_\_\_

Date of last Tetanus Inoculation: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any physical restrictions/limitations or pre-existing medical conditions we should be aware of:

Medication: dose/when administered/for what condition:

List any behavioral situations the staff might need to manage and what is best way to manage them:

Dietary restrictions for snacks (we provide bananas every day for those with gluten free needs & we attempt to restrict the presence of nut oils in our snacks. We will not use nut products/oils in any craft during camp.):

How would you describe your child's swimming ability:

non-swimmer                       beginner                       advanced

Do you allow a camp staff member to apply/assist with sun screen on your child? YES NO (circle one)

\_\_\_\_ Initials

I am aware of the risks and dangers inherent in participating in this summer camp program for my child and may cease my participation in this activity or decline to participate at any time. I accept and assume these risks and agree to release, discharge and hold harmless the City of Asheville, its officers, employees, partners, and agents from any and all actions, the actions of others, or from dangerous or defective property or equipment, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my child's participation in this camp program.

\_\_\_\_ Initials

In addition, I give my permission for the use my name, and photographs or digital images of me and/or my children in materials and publications produced and distributed by the City of Asheville, without compensation. The images may be used in any manner or media without any notification, inspection or compensation. I release the City of Asheville and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such recording or use.

Signature: of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_