

2011 Woodbury County Conservation Summer Day Camps Registration Form

Sponsored by: Woodbury County Conservation Board & Foundation and Dorothy Pecaut Nature Center

Return Form & Payment to: WCCF, c/o Theresa Kruid, 4500 Sioux River Road, Sioux City, IA 51109

Please use a separate form for each camper. Complete the front & back of this page & print clearly.

Camper's Name _____ Age _____ Birthdate _____ Grade Next Fall _____

Parent/Guardian Name _____ WCCF Member? Yes No

Address _____ City/State/Zip _____

Phone (Daytime) _____ (Evening) _____

E-mail Address (Please Print) _____

Check box if you prefer to receive registration confirmation & other information by email

Caterpillars: (ages 3-5 w/ adult)
\$25 for 1st child & \$20 for 2nd child

~~Nature Buddies (10am-Noon) July 6-7~~
~~Nature Buddies (10am-Noon) July 25-26~~

Bumblebees: (ages 4) - \$30

~~Color My World (9am-Noon) June 28-30~~
 Color My World (9am-Noon) July 13-15

Grasshoppers: (ages 5-6) ~ 5-Day Camps - \$55

~~Critter Camp (9am-Noon) June 20-24~~
~~Critter Camp (9am-Noon) July 18-22~~

Grasshoppers: (ages 5-6) ~ 3-Day Camps - \$35

~~Night Creatures (9am-Noon) June 28-30~~
~~Bug Basics (9am-Noon) July 27-29~~
~~Night Creatures (9am-Noon) August 8-10~~

Bluebirds: (ages 7-8) ~ 5-Day Camps - \$55

~~Home Sweet Home (9am-Noon) June 20-24~~
~~Home Sweet Home (9am-Noon) July 18-22~~

**To register your child, indicate your
 1st & 2nd choice camp & session:**

Bluebirds: (ages 7-8) ~ 3-Day Camps - \$35

~~Nature Artists (9am-Noon) July 27-29~~
~~Nature Artists (9am-Noon) August 8-10~~

Meadowlarks: (ages 9-10) ~ 5-Day Camp - \$75

~~Who Goes There? (9am-2pm) July 11-15~~

Meadowlarks: (ages 9-10) ~ 3-Day Camps - \$45

Great Migrations (9am-2pm) July 6-8
 Great Migrations (9am-2pm) August 3-5

Badgers: (ages 11-12) ~ 5-Day Camp - \$85

~~Habitat Helpers (9am-3pm) June 13-17~~

Badgers: (ages 11-12) ~ 3-Day Camp - \$45

Happy Hikers (9am-2pm) August 3-5

Hawks: (ages 13-15) ~ 1-Day Camp - \$35

Outdoor Adventures (9:30am-3pm) June 9

Choose T-shirt size ~ Child Sizes: S (6-8) M (10-12) L (12-14) OR Adult Sizes: S M L XL

Payment Method: Cash Check (Payable to Woodbury County Conservation)
Visa Mastercard Card #: _____ Exp. Date _____ Charge Amount: \$ _____
 Name on the card _____ Signature _____

Office Use Only	Date Deposit received _____	Amount \$ _____	Cash <input type="checkbox"/>	Credit <input type="checkbox"/>	Check # _____	Staff _____
	Date Balance received _____	Amount \$ _____	Cash <input type="checkbox"/>	Credit <input type="checkbox"/>	Check # _____	Staff _____

Woodbury County Conservation Foundation Application

Name _____ Phone _____

Address _____ City/State/Zip _____

E-mail Address _____

Membership Type: Individual \$20 Family \$35 Wildlife Conservationist \$50-99

Check: Please make payable to WCCF. Check # _____

*Sorry, we do not accept credit card payments for memberships.

** For a full list of WCCF Membership benefits visit www.woodburyparks.com or call 712-258-0838.

Camper Information Form

Please complete the following information about your child. This form will be kept with your child's day camp naturalist, in case of emergency. This must be completed for your child to attend camp. Thank you!

Child's Name _____ Child's Nickname (if any) _____

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

If neither parent is available, contact:

Emergency Name _____ Relationship _____

Address _____ Phone _____

Doctor's Name _____ Phone _____

Hospital Preference _____

Allergies, medications, physical limitation, or additional information: _____

Additional comments or things we should know: _____

Emergency Release

In the event of an emergency, I give permission for the Woodbury County Conservation Board staff to administer first aid and/or obtain medical treatment for my child, _____. I further understand that every effort will be made to contact me and/or my emergency contacts. I give permission for emergency care and transportation to the nearest hospital, if necessary. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

Parent/Guardian Signature

Date

Photography Permission for Participants: (Please choose and check one)

I grant permission to have my child photographed, and further agree that such photograph, if selected, may be used in publications and other materials produced by or about WCCB & DPNC. Publications may include area newspapers and in-house publications such as newsletters, brochures, webpage and presentations. Photographs are the property of the entity taking the photograph.

I do NOT want my child photographed. _____

Parent/Guardian Signature

Date

Carpool Information: My child may be dropped off or picked up by the following people:

Name, relation, & phone #: _____

Name, relation, & phone #: _____