



Environmental Education
P.O. Box 995, Simcoe, ON N3Y 5B3
Telephone: 519-410-7376 E-mail: info@naturecalling.ca

2017 Eco-Explorers Camp Registration Form

Participant Name: _____ Male/Female: _____

D.O.B: _____ Age: _____ Grade: _____ Home Phone # _____

Mailing Address: _____

Mother/Guardian Name: _____ Place of Employment: _____

Home #: _____ Work #: _____ Cell #: _____ Email Address: _____

Father/Guardian Name: _____ Place of Employment: _____

Home #: _____ Work #: _____ Cell #: _____ Email Address: _____

Alternate emergency contact (in the event a parent(s) cannot be reached): _____

Relationship to Alternate Contact (A/C): _____ (A/C) Home #: _____ (A/C) Cell#: _____

Person(s) to whom the participant **MAY** be released: _____

Person(s) to whom the participant **MAY NOT** be released: _____

Doctor's Name: _____ Address: _____

Doctor's Phone #: _____ Health Card #: _____

In the event of a serious illness or injury, which hospital would you prefer your child to be sent to: Simcoe Tillsonburg

Does your child have any Allergies: YES/NO _____ If YES, please explain: _____

Emergency Procedures or Specific Instructions for Above: _____

Does your child have any health problem or limitations that would affect their participation in programs? (hearing, speech, physical or emotional delays): _____

Is your child on any Medications? YES/NO _____ If YES, please explain: _____

How did you hear about our Program? _____

Program Fee: \$35.00 / day / participant or \$100 / week (or family weekly rate of \$90 / child if 2 or more children from the same family)

Method of Payment (please circle): CASH CHEQUE

Please select the day(s) your child will be participating in camp:

- TUESDAY July 4th – **Come Explore Camp with Me** Paid: \$ _____
- WEDNESDAY July 5th – **Bee Great** Paid: \$ _____
- THURSDAY July 6th – **Eco-Warriors - Survival of the Fittest** Paid: \$ _____ OR WEEKLY RATE Paid: \$ _____
- TUESDAY July 11th – **Let's Go Out into the Woods** Paid: \$ _____
- WEDNESDAY July 12th – **Shipwrecked** Paid: \$ _____
- THURSDAY July 13th – **Hooray for Herptiles** Paid: \$ _____ OR WEEKLY RATE Paid: \$ _____
- TUESDAY July 18th – **Camp Camouflage** Paid: \$ _____
- WEDNESDAY July 19th – **Campfire Craze** Paid: \$ _____
- THURSDAY July 20th – **First Nations Games** Paid: \$ _____ OR WEEKLY RATE Paid: \$ _____
- TUESDAY July 25th – **Ants in my Pants** Paid: \$ _____
- WEDNESDAY July 26th – **Nature's Pantry - It Makes Scents** Paid: \$ _____
- THURSDAY July 27th – **How Great Thou Lake** Paid: \$ _____ OR WEEKLY RATE Paid: \$ _____
- TUESDAY August 1st – **A Brush with Nature** Paid: \$ _____

WEDNESDAY August 2 nd – Life's a Beach	Paid: \$ _____	
THURSDAY August 3 rd – Underground Farmers	Paid: \$ _____	OR WEEKLY RATE Paid: \$ _____
TUESDAY August 8 th – Talk Turkey to Me	Paid: \$ _____	
WEDNESDAY August 9 th – Pixies, Pollywogs, and Potions	Paid: \$ _____	
THURSDAY August 10 th – Telling Tales	Paid: \$ _____	OR WEEKLY RATE Paid: \$ _____
TUESDAY August 15 th – No Backbone About It	Paid: \$ _____	
WEDNESDAY August 16 th – Forest Friends	Paid: \$ _____	
THURSDAY August 17 th – Lady Bug ... Lady Bug ...	Paid: \$ _____	OR WEEKLY RATE Paid: \$ _____
TUESDAY August 22 nd – Hoo's Hunting Who	Paid: \$ _____	
WEDNESDAY August 23 rd – Builders, Diggers, Crafty Critters	Paid: \$ _____	
THURSDAY August 24 th – Whatever the Weather . . .	Paid: \$ _____	OR WEEKLY RATE Paid: \$ _____

Total Amount Paid: _____

AUTHORIZATION:

If at any time emergency medical treatment is necessary for my child, I give consent for treatment to be given. Every effort will be made to contact parent/guardian(s) and/or emergency contacts. Please *initial* in consented space: **YES** _____ **NO** _____

I understand that there is risk involved in participating in an activity or program and I acknowledge that my choice to register my child in the above named activity or programs brings with it the assumption by me of those risks. I also release the Nature's Calling Environmental Education and their staff / volunteers from any claim arising from such risks.

I consent to my child's photo being taken using photograph and/or voice on still, moving or motion picture film and/or audio tape. I further understand and authorize that pictures taken at camp may be used for promotion (i.e. newspaper, NCEE publications, website and other forms for advertising and promotion). Day Camper and Parent do hereby waive any right to inspect or approve the finished product or advertising or other copies that may be used in connection therewith or the use to which they may be applied. I understand that this material remains the property of Nature's Calling Environmental Education.

Signature of Parent/Guardian: _____ Date: _____