



# Nature's Keepers Outdoor Adventure Camp Registration Form



## CAMPER INFORMATION

Name	Age	Grade level completed
Mailing Address	City	State      Zip
T-shirt size:    Youth    S   M   L    Adult    S   M   L		Please rate your child's swimming ability: No experience    Poor    Fair    Good    Excellent

Are you comfortable with your child participating in river tubing? Yes / No *If not, please arrange to pick your child up from camp at 11:30am on Friday before the activity.*

## PARENT OR GAURDIAN INFORMATION

Name	Email Address
Primary phone: _____ <small>circle one: cell work home</small>	Secondary phone: _____ <small>circle one: cell work home</small>
Emergency Contact <i>(other than above)</i>	Relationship      Phone

## HEALTH INFORMATION

Family Physician	Phone
Please describe special dietary needs, health conditions (such as asthma, seizures, diabetes, or allergies to food, insects, medication, etc.), or anything else you'd like us to know about your child.	

## REGISTRATION *(circle one)*

Regular registration:	BFEC Members: \$60	Non-members: \$70
If registering a 2nd child in your family, apply \$10 discount:	BFEC Members: \$50	Non-members: \$60

## PARENT AUTHORIZATION

The information above is correct to the best of my knowledge, and the child listed below has permission to engage in all activities (except as noted above) including taking camp-provided transportation and tubing on the Kokosing River. In the event I cannot be reached in an emergency, I hereby give permission to a physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Parent's Name	Child's Name
Parent's Signature	Date