# Nature's Keepers Outdoor Adventure Camp
## Registration Form

### Camper Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Grade Level Completed</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>T-shirt size: Youth S M L</th>
<th>Adult S M L</th>
<th>Please rate your child’s swimming ability:</th>
<th>No experience</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
</table>

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/Guardian Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
<th>Primary phone:</th>
<th>Secondary phone:</th>
<th>Emergency Contact (other than above)</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>cell work home</td>
<td>cell work home</td>
<td>circle one:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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**

Mail registration and payment by Monday, July 11 to: BFEC, P.O. Box 508, Gambier, OH 43022