

Effie Yeaw Nature Center Camp Registration and Payment

Camp Season		
(circle one): Summer Fall Winter Spring Year:		
Child's Information Please use a separate form for each participant Name: Age:		
DOB: Grade level : Gender:		
Parent/Guardian Name:		
Address:		
City: State: Zip:		
Email:		
Phone: Alt. Phone:		
Please note any allergies, physical limitations, learning difficulties or other conditions our		
camp leaders should be aware of:		
Secondary Emergency Contact Someone OTHER than parent listed above		
Name:		
Name: Alt. Phone:		
Name:		
Name: Alt. Phone:		
Name: Alt. Phone: Alt. Phone:		
Name: Alt. Phone: Alt. Phone: Camp Information		
Name: Alt. Phone: Alt. Phone: Camp Information		
Name: Alt. Phone: Alt. Phone: Camp Information		
Name: Alt. Phone: Alt. Phone: Camp Information		

Payment Information Payme	ent in full must accompany registration
Camp Fees \$ + Membership \$	(optional)
	= TOTAL PAYMENT \$
☐ Check/Cash -OR- ☐ Charge to	the credit card listed below:
☐ Visa ☐ MC ☐ AmEx/Disc Credit Card #:	
3 digit security code on back of card	Exp. Date:
Name on Card:	
Billing Address:	
City/State/Zip:	
Release and Authorization	
participate in the program(s) indicated on this form associated with the program held in Ancil Hoffman Yeaw Nature Center, ARNHA and the County of Sac and any co-sponsor of the activity, from and agains my child arising out of participation in this program	Park. I agree to hold harmless the Effie cramento, their officers and employees at all liability for accident or injury to
If should become sic cannot be contacted, a licensed physician has my per	ck or injured, and his/her parents rmission to treat the sickness or injury.
I understand that camps are for children only , and after drop-off. We ask that you refrain from hangin the campers during camp hours, as this is distracting Yeaw Nature Center reserves the right to change ly necessary. The Center also reserves the right to duct is deemed detrimental.	g around the Nature Center in sight of to the kids, volunteers and leaders. Effie , modify, or cancel a camp if absolute-
I agree to have photographs or videos taken of my Center's programs. I permit these photographs or promotional materials, website or for other purpos consent, staff leading the program for which my chand record my non-consent.	videos to be used in publications, ses by the Nature Center. If I do not
I have read and understand all registration require cellation/refund policy and safety information, as I	
Parent/Guardian Signature	Date

Fax (916-489-4983) or mail the completed form(s) with payment to: Effie Yeaw Nature Center, 2850 San Lorenzo Way, Carmichael, CA 95608