



Effie Yeaw Nature Center Camp Registration & Release Form

Thank you for submitting your camp payment online! *Your registration is not finalized until we receive this completed form*, so be sure to print, complete, and fax or mail to us today. **Note:** Please print and complete a separate form for each camp participant.

Questions? Contact us at 916-489-4918. We look forward to having your child at our Nature Camps!

Camp Program:

Season: _____ Year: _____

Child's Information

Please use a separate form for each participant

Name: _____ Age: _____

DOB: _____ Grade: _____ 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 the parent listed above

Name: _____

Phone: _____ Alt. Phone: _____

Relationship to Child: _____

Camp Information Check box if you are a Nature Center member

| Camp Title | Date | Fee |
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Release and Authorization

I, the parent or legal guardian of _____, agree to have my child participate in the program(s) indicated on this form. I agree to assume all risks to my child associated with the program held in Ancil Hoffman Park. I agree to hold harmless the Effie Yeaw Nature Center, ARNHA and the County of Sacramento, their officers and employees and any co-sponsor of the activity, from and against all liability for accident or injury to my child arising out of participation in this program. _____ (Initials)

If _____ should become sick or injured, and his/her parents cannot be contacted, a licensed physician has my permission to treat the sickness or injury. _____ (Initials)

I understand that camps are for children only, and that parents should avoid lingering during drop-off. We ask that you refrain from staying at the Nature Center in sight of the campers during camp hours, as this is distracting to the kids, volunteers and leaders. Effie Yeaw Nature Center reserves the right to change, modify, or cancel a camp if absolutely necessary. The Nature Center also reserves the right to withdraw any participant whose conduct is deemed detrimental. _____ (Initials)

I agree to have photographs or videos taken of my child while participating in the Nature Center's programs. I permit these photographs or videos to be used in publications, promotional materials, website or for other purposes by the Nature Center. If I do not consent, staff leading the program for which my child is registered must be informed of and record my non-consent. _____ (Initials)

I have read and understand all registration requirements and policies, including the cancellation/refund policy and safety information, as listed in this publication.

Parent/Guardian Signature _____ Date

Email the completed form(s) to info@sacnaturecenter.net

Or fax to (916) 489-4983