



NATURE RAMBLERS and ADVENTURE TREKS Summer Camp Registration

Child's Name: _____
 Birth Date: _____ Age by June 15, 2012 : _____ Sex : _____
 School Name: _____ Grade: _____
 Name of Parents / Guardians: _____
 Phone: Day _____ Evening/Weekend: _____
 Address: _____ Email: _____
 City/State/Zip: _____
 SCEE members? : Yes No How did you hear about our camp? _____

Camp Session	Age Range	Camp Dates	Camp Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Extended Day:
Please circle the extended day services your camper will need:
 Before Care: 8:00 – 9:00 am **M T W Th F**\$7 per day x # of days = \$ _____
 After Care: 3:30 – 6:00 pm **M T W Th F**\$15 per day x # of days = \$ _____
 for all weeks registered
 For these dates only: _____

Camp Fees: \$ _____
 Field trip fees: \$ _____
 Family Membership: \$ _____
 Multi-week discounts: - \$ _____
 (-\$10.00/additional week)
Total (due by May 17): \$ _____

Now Due:

***Deposit:** \$ _____
Family Membership: \$ _____
Total Enclosed: \$ _____

Payment Methods:
 I have enclosed a check for the deposit.
 Please charge the deposit to my credit card.
 Please charge the balance to my credit card on May 17.

Credit card information:
 (please circle one): Visa / MasterCard
 Credit card # _____
 Expiration Date ____/____ (month./year)
 Security code (3 digits on back): _____

***Deposit required:**
 for Ages 4 to 9: **\$50.00**/program week
 Ages 10 to 12: **\$100.00**/program week
 Ages 13 to 15: **\$300.00**/program week
After May 17, full payment is required w/ registration.

Name on card: _____ Signature: _____

If not available in *emergency*, please contact (other than parents):

1. _____ Phone: _____

2. _____ Phone: _____

I authorize (list names): _____

to pick up my child from Nature Ramblers Camp. _____ (initial)

Health History:

Child's Physician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

Please if circle the following conditions that apply to your child:

Asthma Heart Condition Juvenile Diabetes Other (Please specify): _____

Allergies (food, animals, etc.) Please specify: _____

Do any special learning or physical disabilities apply to your child? Yes No (Please specify below)

Is your child currently taking any prescription medication? Yes No (Please specify below)

If you circled "yes" above or if there is any other medical condition that you feel requires the staff's attention, please list them here or attach information to this form:

Medication:

I consent to the administration of the following medications by staff of The Schuylkill Center (name of medications, dosage and frequency) Rx _____

To be administered when necessary: Tylenol Benadryl sunscreen insect repellent (please circle *all* that apply)

To (camper name): _____

Liability Waiver: *Please read carefully.*

I, _____, parent/guardian of _____, recognize that the activities at Nature Ramblers Summer Camp of The Schuylkill Center for Environmental Education (hereafter "The Schuylkill Center") may involve physical and outdoor activity. I grant permission for the above named minor to participate in all activities of Nature Ramblers. Should any Nature Ramblers activities occur off-site, such as in a field trip, I grant permission for my child to use transportation, such as a van, canoe, kayak, or other conveyance, for such activities. In consideration of The Schuylkill Center allowing _____ to participate in its activities, I assume all risks and hazards incidental to such participation, including risk of serious injury to the minor, and do hereby waive on the minor's behalf and on behalf of myself and other relatives of the minor, any and all claims relating to such participation against The Schuylkill Center, its Board, employees, organizers, volunteers and other participants. The Schuylkill Center or its representative has my permission, in an emergency where I cannot be located immediately, to transport my child at my expense to the emergency room of the nearest hospital. The hospital and its staff have my permission to provide treatment which is deemed necessary for the well being of my child. I grant The Schuylkill Center permission to use video, still images and/or quotes of my child participating in camp for use in The Schuylkill Center materials.

Signature of Parent or Guardian

Date