



## 2019-2020 Winter Nature Camp Registration

To reserve a spot, completed Registration and Release Form (2 pages) must be received along with payment. Cancellations must be made two weeks prior to the camp for payment refund.

X	Grade	Camp	Date	Time	Cost
	Pre-School	Animals in Winter	Friday, December 27	9:00-11:30am	\$10
	K-1st	Animals in Winter	Monday, December 30	9:00-11:30am	\$10
	1st-2nd	Animal Tracking	Monday, December 30	1:00-3:30pm	\$10
	2nd-3rd	Animal Tracking	Thursday, January 2	9:00-11:30am	\$10
	3rd-5th	Intro to Winter Survival	Thursday, January 2	1:00-3:30pm	\$10
	5th-7th	Sub-Zero Survival	Friday, January 3	10:00am-2:00pm	\$15

\* Please only sign your child up for one camp to allow for more participants to attend.

**Participant Information**

Name: \_\_\_\_\_ Grade : \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Email (Camp information will be sent here): \_\_\_\_\_

Health Conditions (Include allergies & medications needed at camp): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Emergency Contact**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Secondary Emergency Contact**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Return Completed Form & Payment to:**  
 Jefferson County Conservation  
 Brittney Tiller  
 2003 Libertyville Road  
 Fairfield, IA 52556

**For Office Use Only**

Cash:  Check:  \_\_\_\_\_

Total \$ Received: \_\_\_\_\_



**Jefferson County Conservation  
Medical Information/Release Form**

**To Be Read and Signed By Parent or Guardian**

I understand that my child must be healthy and reasonably fit in order to safely participate in Jefferson County recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

**Medical Emergency Parental Permission**

The health and history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the Jefferson County Conservation staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the Jefferson County Conservation staff or volunteer to secure and administer treatment for my child, including hospitalization.

**Publicity/Image/Voice Permission**

Jefferson County Conservation staff and/or volunteers normally take photographs, video, and or audio recordings of our programs. A photograph or video/audio recording may be taken of you or your child during activities. Unless you request otherwise, your signature below will be considered permission for Jefferson County Conservation to photograph, film, audio/video tape, record and/or televise your and/or your child's image and/or voice for the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

**Behavior Guidelines**

Behavior guidelines and consequences are established at each of Jefferson County Conservation's programs or events. These guidelines (or rules) are designed to protect our staff as well as the safety of the campers and club members. It is our goal to provide a safe and fun outdoor learning experience for all participants. I understand failure to follow behavior guidelines will include discipline measures which may include dismissal from the program or event without refund.

**Jefferson County Conservation Assumption of Risk and Release of Liability (Please read carefully.)**

I give permission for \_\_\_\_\_ to participant in the Jefferson County Conservation Program.  
(Child's name)

I understand that Jefferson County Conservation programs/events may involve certain risks of physical activity and possible injury and that Jefferson County Conservation will provide each participant with reasonable care, but that Jefferson County Conservation cannot guarantee that my child will remain free of injury. In addition, some Jefferson County Conservation projects including but not limited to: canoeing, kayaking, archery and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in Jefferson County Conservation activities and assume the risk of participating. I agree to release from liability, indemnify and hold harmless the Jefferson County Conservation Board employees, volunteers and agents from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation. This release is not intended to release the above-mentioned from liability arising out of their sole negligence.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_