



Kelleys Island Nature Camp Registration Form 2020

PLEASE PRINT

Child's Name _____ Parents Name _____

Birth Date _____ (Month/Day/Year-Check Age Requirements-Must be of Age by Camp Date)

Island Address-Include Dates This Address Should Be Used

Home or Mailing Address-Include Dates This Address Should Be Used

Island Phone _____ Emergency Contact _____

E-Mail Address _____

(X) Preferred Camp Session(s)	Dates:	Times:	Prices:
<input type="checkbox"/> Intro to Nature Camp (4yrs.)	July 6-10	9-10AM	\$35.00
<input type="checkbox"/> My 1 st Nature Camp(5-6yrs.)	July 6-10	10:30-11:30AM	\$35.00
<input type="checkbox"/> Nature Camp (7-8yrs.)	July 6-10	12:30-2PM	\$35.00
<input type="checkbox"/> Environmental Adventure Camp I (9-10yrs.)	July 6-10	2:30-4:30PM	\$70.00
<u>CAMPOUT AT THE KELLEYS ISLAND STATE PARK ~ DROP OFF- 4PM 7/9 ~ PICK UP 12PM 7/10</u>			
<input type="checkbox"/> Intro to Nature Camp (4yrs.)	July 27-31	9- 10AM	\$35.00
<input type="checkbox"/> My 1 st Nature Camp(5-6yrs.)	July 27-31	10:30-11:30AM	\$35.00
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Briefly describe any allergies, special medical condition, required medication or any other physical limitations your child has. A more detailed medical form will be sent with the confirmation letter

For 9 and 10 year old Environmental Adventure Camp-Please Describe Child's Swimming Ability

You have my permission to use photos of my child participating in Nature Camp. NO NAME will be used with online photos of Nature Camp.

Kelleys Island Life Kelleys Island School Website Facebook Kelleys School Newsletter

**Make checks to Kelleys Island School. Mail to Nature Camp Program
PO Box 349 KELLEYS ISLAND, OHIO 43438**

Permission Form

I fully understand that the nature of recreational and educational activities associated with Nature Camp includes an inherent risk of danger, which may result in personal injury or harm to my child. I grant permission for my child to participate in the program and activities of Nature Camp at the Bay, and I agree to indemnify and hold harmless the Kelleys Island School and Field Station, its staff, directors, employees, Agents and/or representatives from any claim for any injury or damage which may result from my child's attendance at and participation in the Nature Camp at the Bay. I authorize emergency medical treatment if none of the above-named emergency contact persons can be reached at the time of an emergency.

Signature of Parent/Guardian _____ Date _____