

# Silver Lake Nature Center Kid's Nature Days '19 -'20

Official Use Only

## Registration Form

Deposit Paid

Paid in Full

Please fill out ALL fields accurately.

### CONTACT INFORMATION

#### CAMPER INFORMATION:

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

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

#### PARENT/GUARDIAN 1:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*E-mail will be our main method of communication. Please print clearly and use current e-mail address\*

#### PARENT/GUARDIAN 2:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*E-mail will be our main method of communication. Please print clearly and use current e-mail address\*

### EMERGENCY CONTACT and PICK-UP AUTHORIZATION INFORMATION

Please list the people (over 18 years old) to contact in the event of an emergency who are ALSO allowed to pickup your child, along with their phone numbers. They will need to show ID upon pick-up or else child will not be released.

\*Do not include parent/guardians, we will contact them first in case of emergency\*

#### CONTACT 1:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### CONTACT 2:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MEDICAL INFORMATION

List all allergies, medications, special needs, disabilities, and any other information pertaining to participation in our program:

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\* We willingly meet with families and support staff, prior to camp, to discuss behavior intervention plans, IEP's, etc.\*

**ACTIVITY RELEASE FORM and MEDICAL INFORMATION**

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

**MEDICAL EMERGENCY CONSENT:**

In case of an emergency, an agent of Silver Lake Nature Center has my permission to seek the necessary medical attention for the Participant. If the Participant is under 18, every effort must be made to notify the Parent/ Guardian. I hereby release Bucks County Department of Parks & Recreation and the Friends of Silver Lake Nature Center, their employees & volunteers from any and all liability which might be incurred during these activities.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PHOTOGRAPHY CONSENT:**

\_\_\_\_\_ **YES**, I authorize and consent to being photographed, and to the display, reproduction, alteration or other use of any photographs of my child (along with the possible use of first name only), or in which I may be included with others, in connection with Silver Lake Nature Center publications, website and press corps contacts.

\_\_\_\_\_ **NO**, I do not authorize my child to be photographed

**KAYAK/CANOE CONSENT:**

I acknowledge and fully understand that my child will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, which may result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, water/ weather conditions, the condition of the premises, or any of the equipment used. Further, there may be risks not known or not reasonably foreseeable at this time.

I assume all the foregoing risks for my child, and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury permanent disability or death.

I release, waive, discharge and covenant not to sue Silver Lake Nature Center, the County of Bucks, affiliated clubs, administrators, directors, employees, volunteers, other participants, sponsoring organizations, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to me, my heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

\_\_\_\_\_ **YES**, my child is allowed to kayak/canoe

\_\_\_\_\_ **NO**, my child is not allowed to kayak/canoe

Children are required to wear a Personal Floatation Device (PFD) during watersports. For our knowledge, can your child swim without the use of a floatation device? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**How did you hear about the Silver Lake Nature Center's Kids' Nature Days?**

\_\_\_\_\_  
\_\_\_\_\_

**CAMP PRICING and POLICIES**

**MEMBERSHIP:**

In order to register at member price, you must have a household membership (\$35.00) to Silver Lake Nature Center.

Yes! I wish to become a member of Friends of Silver Lake     Renew Me!     I'm already a current member!

**CAMP PRICE PER DAY PER CHILD:**

**Full Day Camp (9:00am– 4:00pm):**

Summer Camp Families (membership must be current): \$40.00/child per day

Members: \$50.00/child per day

Non-members: \$65.00/child per day

Balance must be paid in full at time of registration. If participating in the buy 3, get 1 free promotion the full balance must be paid in order to qualify for a free Kid's Nature Day.

**EXTENDED CARE:**

**Before Care:** 8:00-9:00am

**After Care:** 4:00-5:30pm

\$10.00/day per child for before or after

\$15.00/day per child for before and after

**CANCELLATIONS:**

Cancellations less than 10 days before the first day of each camp week will not receive a refund. There are no refunds for no-shows. With 10 or more days notice, refund will include all but \$10.00 administrative fee. If SLNC cancels, full refund issued.

**REGISTRATION:**

**Circle all that apply:**

October 14th, 2019	January 20th, 2020
November 5th, 2019	February 17th, 2020
November 11th, 2019	April 9th, 2020
December 27th, 2019	April 10th, 2020
December 30th, 2019	

**Extended Care:**     **BEFORE CARE**                       **AFTER CARE**                       **BOTH**

**Total Fee(s) Due:**

I have read all of the above policies and information about cancellations, refunds, and payment. I agree to pay the total fee listed above before the first day of camp each week.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_