



# Nature Day Camp Registration Form

Please mail, hand- deliver, or fax form with full payment  
 Tualatin Riverkeepers 12360 SW Main St Suite 100 Tigard, OR 97223  
 PHONE NUMBER: 503.620.7507 FAX NUMBER: 503.620.7645  
 E-MAIL: [lori@tualatinriverkeepers.org](mailto:lori@tualatinriverkeepers.org) , Contact person: Lori Kruse

Name of Camper: \_\_\_\_\_

Camp Sessions: See website or brochure for descriptions. Please check below which sessions the camper will attend.

- bugs, birds, and butterflies-** June 21-25, Ages 4-6, \$95 members, \$130 non- members
- Where are the Wild Things?** – June 28-July 2, Ages 8-10, \$135 members, \$170 non members
- Wild Life!** – July 19-23, Ages 11-13, \$135 members, \$170 non members
- Tracks, Tails and Trails-** July 12-16, Ages 8-10, \$135 members, \$170 non members
- Water-world-** August 2-6, Ages 8-10, \$135 members, \$170 non members
- The way things are-** August 9-13, Ages 11-13, \$135 members, \$170 non members

**Before and After Care:** Please indicate if you will be using this service by checking which day(s)/times your child will be attending. The cost of before and after care is \$40 a week or \$8 a day (\$4 for before/after care separately). Before and after care begins at 8:00 a.m. until 4:30 p.m.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>					
<b>PM</b>					

METHOD OF PAYMENT

Check or Money Order enclosed (payable to Tualatin Riverkeepers)  VISA  MC  DISCOVER  
 Card # \_\_\_\_\_ EXP DATE \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name as appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Discounts:  
 If your child attends 3 or more sessions, a \$25 discount will apply to total cost  
 If there are multiple family members participating, a \$25 discount applied to total cost

(Prices are indicated above)

Total Camp Session Fee \_\_\_\_\_ Before and After Care Fee \_\_\_\_\_ Applied Discounts \_\_\_\_\_  
 Total Cost \_\_\_\_\_

You will receive receipt and informational letter upon registration and payment.

**Participant Information and Medical/ Emergency Form**

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SEX M F

Grade (Fall 2010) \_\_\_\_\_ School Attending in fall 2010 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Adult Contact \_\_\_\_\_ Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

List of names authorized to pick up your child \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Co/ Policy Number \_\_\_\_\_

I give my permission for Tualatin Riverkeepers staff to provide first aid for the child named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Tualatin Riverkeepers, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**CHILD HAS DIFFICULTY WITH: (CIRCLE ALL THAT APPLY)**

ADD/ADHD	Asthma	Throat	Diabetes	Fainting
Diabetes	Ears/Eyes/Nose	Digestion	Sunburn	Hemophilia

**ALLERGIES:**

Insect Stings	Nuts	Other food allergies	Plants/grasses	Other
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Please explain any circled items and or other health or behavior concerns: