

I want something different

Camper's Name: _____	Date of Birth: _____
Age: _____ Gender: _____	Entering Grade: _____ School Attending: _____
Parent(s)/Guardian Name(s): _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
Daytime Phone 1: _____	Daytime Phone 2: _____
Email: _____	<input type="checkbox"/> Do not use photos of my child in DNC publications
How did you hear about us?: _____	
Camper Assistance/Needs (medical, psychological, aide assistance, allergy, or relevant condition): _____	
EMERGENCY CONTACTS	
Name: _____	Relationship: _____ Phone: _____
Name: _____	Relationship: _____ Phone: _____
By signing this registration form I agree that: A) In the event of an emergency, I give permission for Dodge Nature Center to administer first aid and/or obtain emergency medical treatment for my child. I understand that, if necessary, my child will be transported by ambulance to the nearest hospital emergency room. I agree that any cost incurred for any transportation and/or treatment will be my responsibility. B) I understand I will be charged \$5 for every 5 minutes I am late to pick up my child. C) My child will not be permitted to leave with anyone except the person designated on the camp check-in sheet. D) DNC has the right to dismiss a camper without a refund for violating the center's no tolerance policy. E) If my child requires supervision beyond the Nature Center's child to staff ratio, I may need to provide a personal aide at my own expense.	
Parent/Guardian Signature _____ Date _____	