

2009 Youth Program Registration

Hartman Reserve Nature Center
657 Reserve Drive
Cedar Falls, Iowa 50613
(319) 277-2187



Participant Name _____ Gender (please circle) M / F
Street Address _____ City _____ Zip Code _____
Grade (going into this Fall) _____
Parent/guardian name (if under 18) _____
Parent/Guardian daytime and/or cell phone (if under 18) _____

Registration Information

Registration starts Monday, March 9th. The grade level posted for each Adventure Day or Camp refers to the grade your student will be entering in the fall. Reservations will go fast, so be sure to register early. All kids signed up for the multi-day camps and for all five Silos and Smokestacks dates **before** the registration deadline will receive a free T-shirt. Please specify t-shirt size when registering.

Pre-registration and payment is required **two weeks** before the Adventure Day or Camp to reserve your child's spot. Your child is not registered until payment is accepted. A \$5 late fee will be added to the registration cost if signing up for a one-day adventure after the deadline. A \$20 late fee will apply to the registration cost if signing up for a multi-day camp after the deadline. Please call to check for availability.



Scholarships (or **Camperships**) are available to low-income families courtesy of the Cedar Falls Rough Risers Kiwanis Club. Camperships will cover half of the cost of Nature Girls Camp, "My Side of the Mountain" Camp, Messy Jobs Camp, and Messy Jobs in Science Camp. Qualified participants must be willing to provide a copy of their free and reduced lunch eligibility letter.

Please sign my child up for the following:

Program Title _____ Program Date _____
Program Title _____ Program Date _____
Program Title _____ Program Date _____
Program Title _____ Program Date _____
Program Title _____ Program Date _____
Program Title _____ Program Date _____
Program Title _____ Program Date _____
Total Fee _____ Check # _____ Amount Paid _____

T-shirt size (please circle, if applicable) Youth Sizes: S M L Adult Sizes: S M L XL

(Please flip sheet for Medical Disclosure/Consent, Photo Permission, and Liability Waiver)

Medical Disclosure

The following information may be helpful in the unlikely event of an accident. Please indicate if participant has a history of any medical complications, as listed below or other.

Allergies: Bees/Insects _____ Food _____
Medications _____
Other _____

Any medical condition HRNC staff should be aware of: _____

If medications are needed during the program, please list details in the table below.

MEDICATION	PURPOSE	TIME GIVEN	HRNC STAFF

In the event of an emergency participant is covered by the following:

Insurance Company: _____ Policy # _____
Emergency contact _____ Phone _____
Doctor's name _____ Office Phone _____

Medical Consent, Photo Permission, and Liability Waiver

Parental permission must be secured for participants who are under 18 years of age.

I am aware in signing this document that certain risks and dangers exist in the activities in which my child or I may be participating. I acknowledge that while Hartman Reserve Nature Center staff will make every reasonable effort to teach my child or me proper safety and minimize exposure to known risks, all dangers associated with these activities cannot be foreseen. These risks may include, but are not limited to, the loss or damage of personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hyperthermia (heat exposure), hypothermia (cold exposure), or suffering any type of accident or illness in remote areas without immediate access to medical facilities, or while traveling to or from the activity sites. I have a personal responsibility to make sure my child and I understand and follow the safety standards, guidelines and procedures established by the HRNC staff. Furthermore, I give my consent to HRNC staff or other medical personnel to treat my child or me in an emergency situation.

If my child will be taking any medications, it will be sent in the prescription bottle with clear instructions as to when it should be taken. The medication shall be in the care of the HRNC staff and will be dispensed as prescribed.

I understand that the programs at HRNC are subject to inclement weather. In the case of necessary changes, I understand a program of equal value will be substituted and my program fee will be used for this purpose. Weather related refunds are not allowed as long as a program continues.

I also agree, unless I explicitly request otherwise, that photographs taken during this program may be used for promotional purposes by HRNC.

Signature (Parent/Guardian if participant is under 18)

Date

Staff Use Only: