

## 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 \_\_\_\_\_

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## ***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

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**Staff Use Only:**

# 2010 Youth Program Registration

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



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) \_\_\_\_\_  
Parent/Guardian email address (for additional camp information) \_\_\_\_\_

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## Registration Information

The grade level posted for each camp refers to the grade your student will be entering in the fall. Reservations will go fast, so be sure to register early.

Please dress child for the weather for every camp. All campers should bring their own snacks, water bottle, lunch, hat, bug spray, sunscreen, et cetera.

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.

Families who have an Operation Threshold Key Card will qualify for half off all camp fees. Qualified participants must be willing to provide a copy of their card with payment (or bring to Hartman Reserve Nature Center and we will copy for you).

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## 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 _____

For the Extended Exploration camps, please provide child's T-shirt size:

Youth Sizes: S M L    Adult Sizes: S M L XL

**(Please complete reverse side for Medical Disclosure/Consent, Photo Permission, and Liability Waiver)**