



Effie Yeaw Nature Center Summer 2016 Nature Camps

Thank you for submitting your camp payment online! *Your registration is not finalized until we receive this completed Registration & Release Form*, so be sure to print, complete, and fax or mail to us today. Note: Please print and complete a separate form for each camp participant.

Questions? Contact us at 916-489-4918. We look forward to having your child at our Nature Camps!

Registration & Release Form

Child's Information

Please use a separate form for each participant

Name: _____ Age: _____

DOB: _____ Grade: _____ Gender: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Alt. Phone: _____

Please note any allergies, physical limitations, learning difficulties or other conditions our camp leaders should be aware of:

Secondary Emergency Contact *Someone OTHER than the parent listed above*

Name: _____

Phone: _____ Alt. Phone: _____

Relationship to Child: _____

Camp Information

Check box if you are an ARNHA member

Camp Title	Date	Fee

Release and Authorization

I, the parent or guardian of _____, agree to have my child participate in the program(s) indicated on this form. I agree to assume all risks to my child associated with the program held in Ancil Hoffman Park. I agree to hold harmless the Effie Yeaw Nature Center, ARNHA and the County of Sacramento, their officers and employees and any co-sponsor of the activity, from and against all liability for accident or injury to my child arising out of participation in this program.

If _____ should become sick or injured, and his/her parents cannot be contacted, a licensed physician has my permission to treat the sickness or injury.

Effie Yeaw Nature Center reserves the right to change, modify, or cancel a camp if absolutely necessary. The Center also reserves the right to withdraw any participant whose conduct is deemed detrimental.

I agree to allow photographs or videos taken of my child while participating in the Nature Center's programs. I permit these photographs or videos to be used in publications, promotional materials, website or for other purposes by the Nature Center. If I do not consent, staff leading the program for which my child is registered must be informed of and record my non-consent.

I have read and understand all registration requirements and policies, including the cancellation/refund policy and safety information, as listed in this publication.

Parent/Guardian Signature

Date

**Fax (916-489-4983) or mail the completed form(s) to:
Effie Yeaw Nature Center, P.O. Box 579, Carmichael, CA 95609**