

2010 WNC SPRING BREAK CAMP REGISTRATION FORM

Please use separate forms for each child. Please print clearly, sign, and return to:

Registrar - Woldumar Nature Center, 5739 Old Lansing Rd., Lansing, MI 48917 OR Fax (517) 322-9394

PARENT/GUARDIAN(S) FIRST NAME LAST NAME / FIRST NAME LAST NAME

PRIMARY STREET ADDRESS CITY STATE ZIP

HOME PHONE ASK FOR WORK PHONE ASK FOR

OTHER PHONE ASK FOR EMAIL ADDRESS

CAMPER FIRST NAME LAST NAME AGE BIRTH DATE

MALE FEMALE FREE T-SHIRT SIZE: YOUTH M ADULT S ADULT M ADULT L SCHOOL DISTRICT _____

LIST PERSONS APPROVED TO PICK UP CAMPER (OTHER THAN PARENT/GUARDIANS) _____

EMERGENCY CONTACT - FIRST NAME LAST NAME RELATIONSHIP HOME PHONE OTHER PHONE

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ALLERGIES: Hay Fever Insects/Animals Food(s) Drugs Other PLEASE CHECK ALL THAT APPLY AND EXPLAIN _____

EXISTING CONDITIONS _____
LIST ANY SPECIFIC MEDICAL, PHYSICAL, EMOTIONAL OR BEHAVIORAL CONDITIONS THAT NEED TO BE CONSIDERED

Any Restrictions on activity? Yes No IF YES, PLEASE EXPLAIN _____

Medications currently taking: _____
TYPE DOSAGE

SESSION NAME & DATES	FEE	PHOTO	EXTENDED CARE FEE	TOTAL FEES
	\$135/MEMBER; \$170/NONMEMBER	\$5 EA	\$15 BEFORE OR AFTER; \$30 BOTH	
“Spring Awakening” April 5 - 9, 2010				

Method of Payment: Check # _____ (payable to Woldumar Nature Center)

MasterCard Visa Name on Card: _____

Total Program Fees \$ _____

CREDIT CARD NUMBER EXPIRATION DATE

Free T-Shirt-\$10 value \$ 0.00

Membership Application (For new or renewing members) Membership Fee: \$42 **Total Member Fees \$** _____

ADULT(S) FIRST/LAST NAMES

TOTAL FEES \$ _____

CHILDREN(S) FIRST/LAST NAMES AGES

ADDRESS/PHONE (IF DIFFERENT FROM ABOVE)

WAIVERS My signature below indicates my consent to Woldumar Nature Center and its assignees to use any photograph, picture or likeness of my child for promotional purposes, and for Woldumar Nature Center’s staff to transport my child to/from Woldumar Nature Center locations and other facilities during camp sessions for which my child is registered.

I hereby give my permission to Woldumar Nature Center to seek medical treatment for this child if needed while attending camp. I also authorize trained staff to administer first aid to this child, or transport my child to a medical facility, if need arises.

I certify the child above is in good health, has no infectious disease, and has had all current immunizations required by Michigan Public Schools.

SIGNATURE OF PARENT/GUARDIAN DATE