School Year Camp Registration

Please email to jccnaturalists@gmail.com by the deadline listed in the MyCountyParks registration page, with subject line: Your Youth's Name_Camp Registration

Participant Name_____

Preferred Name/Pronouns_____

Street Address _____

Grade _____ Age_____

Parent/ Guardian Name_____

Parent/Guardian Cell/Daytime Phone_____

Parent/ Guardian Email Address_____

Persons who **may** drop off or pick up your child _____

Persons who are **not** allowed to drop off/pickup your child_____

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

Allergies: Food, bees/insects, medications other: _____

Describe allergic reactions and their severity: _____

List any restrictions (physical, dietary): _____

Describe any behavioral, mental, or emotional issues that we can help with or that might pose a challenge to group learning/activities. Please include any strategies that will assist JCC staff in creating a positive experience:

Medical Conditions, including mental health needs:

Is there anything else you would like us to know about your child?

If medications are needed during the program, your child will need to be able to self-administer. JCC staff can set reminders to aid child in when to take medication but will not administer meds.

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 at Johnson County Conservation 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 JCC staff. Furthermore, I give my consent to JCC staff or other medical personnel to treat my child in an emergency. I understand that the programs at JCC are subject to inclement weather. In the case of necessary changes, I understand a program of equal value may be substituted and my program fee will be used for this purpose. I also agree, unless I explicitly request otherwise, that photographs taken during this program may be used for promotional purposes by JCC.

_____

Parent/Guardian Printed Name

_____ _____

Signature (Parent/Guardian if participant is under 18) Date

Any electronic signatures appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.