



Camper Registration Form Ney Nature Center's Summer Day Camp

NATURE CENTER
A LE SUEUR COUNTY PARK

Camper Information - Please Print

Camper's Name (First, MI, Last) _____

Address _____

Phone _____

E-mail Address _____

Grade in Coming Fall _____

Family Member of the Ney Nature Center _____ Yes _____ No

*Become a member at the \$25 Family level to receive member discounts on camp fees. For more information on membership visit www.neycenter.org or contact Michelle 507-248-3474/
michellei@neycenter.org

Camp(s) Attending:

COMPLETE HEALTH/AUTHORIZATION FORM ON REVERSE SIDE

Fee is due at time of registration. Make checks payable to 'Ney Nature Center'

Please sign and mail completed forms with check to:

Ney Nature Center
PO Box 93
Henderson, MN 56044

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Office Use Only

Payment Information

Date Received _____

Day Camp Fee Due _____

Amount Paid _____

Check # _____

Camper Health Form/ Authorization
Ney Nature Center's Summer Day Camp

Camper's Name (First, MI, Last) _____
Camp(s) Attending: _____

Parent/Guardian Information (Please Print)

In the care of: Both Parents _____ Mother Only _____ Father Only _____ Other _____
Name of Custodial Parent(s)/Guardians(s) _____
Phone: Day _____ Evening _____ Cell _____

Person to contact in case of an emergency if parent/guardian cannot be reached

Name _____ Relationship _____
Day Phone _____ Cell Phone _____

Medical Contact Information

Physician's Name _____ Phone _____
Medical Insurance Carrier _____ Policy _____

Health Considerations of Camper

Vaccinations required by school up-to-date? Yes _____ No _____ (If no, please send an explanation note)

Allergies (Include medication and other)	Reaction and Treatment
_____	_____
_____	_____

Chronic Concerns

_____ This camper has no chronic health concerns and is capable of full participation.

_____ This camper has the following chronic health concern(s). Check all that apply.

_____ Asthma _____ Diabetes _____ Headaches
_____ Epilepsy _____ Other(s) _____

Provide information about supportive health care needs for each checked item

_____ Please explain if your camper has had a history of illness, injury, or surgery, which will affect participation _____

Parent/Guardian Authorization

I give permission for my camper to attend NNC's Day Camp and participate in all activities. I give permission to be photographed and for the Ney Nature Center to use the picture for publicity.

The Emergency Care Information about my camper is complete and accurate. I know of no reason, other than as indicated, why my child should not participate in prescribed activities. In the event my child needs medical attention while at Day Camp, I authorize the adult in charge to see that my child receives reasonable first aid and to transport my child to a health care facility for emergency services as needed.

Signature of Parent/Guardian _____ Date _____