

Ney Nature Center's Day Camp 2008 August 4th-7th Bluebirds

Information Sheet

Ney Nature Center, PO Box 93, Henderson MN 56044
507-248-3474

Students who have completed K, 1, and 2nd grade are invited to join the NNC for this great opportunity to explore, learn, and experience nature and some history associated with the Ney Nature Center and surrounding area. During the four days of camp you will be hiking, observing, studying and enjoying what nature has to offer through the use of maps, map making and other geographical activities.

The program will be held rain or shine and weather is changeable so please wear shoes and clothing appropriate for the weather and rough terrain. All participants are responsible for providing their own insect repellent, sun protection and a water bottle. A daily snack and a program T-shirt will be provided.

Days and Times

August 4th to 7th - 8am to 11:30am

Fees

\$45.00 for Non-Ney Nature Center Members

\$42.00 for Ney Nature Center Members

Registration

Mail the complete NNC Day Camp Registration with the fee by July 11th. Confirmation and additional information will be e-mailed or mailed as soon as registrations are received.

Transportation

Le Sueur Henderson and Belle Plaine: Busing will be provided. Bus departure and arrival times will be announced later. Pick-up/drop off locations are Belle Plaine Chatfield Elementary School, Park Elementary School and Hilltop Elementary School.

Volunteers

We could use your help. Volunteers helping two or more days will receive a t-shirt. Complete the enclosed adult registration form if you can help. We can use bus chaperones, group helpers, 1st aiders, and someone in charge of snack. If you have an area of interest and would like to share your time, please contact us.

For more information or to answer questions, contact:

Becky Pollack, NNC Director, 507-248-3474, neynaturecenter@frontiernet.net

Camper Registration Form
Ney Nature Center's Day Camp 2008
August 4th-7th - Bluebirds

Camper Information – Please Print

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

Address _____

Phone _____

E-mail Address _____

Grade in Fall of 2008 _____

T-shirt Size (circle) YS YM YL AS AM AL AXL

Member of the Ney Nature Center _____ Yes _____ No

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

(OVER)

Office Use Only

Payment Information

Date Received _____

Day Camp Fee Due _____

Amount Paid _____

Check # _____

Camper Health Form/ Authorization
Ney Nature Center's Day Camp 2008

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

Parent/Guardian Information (Please Print)

In the care of: Both Parents _____ Mother Only _____ Father Only _____ Other _____

Name of Custodial Parent(s)/Guardian(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 for 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 effect participation: _____

Parent/Guardian Authorization

I give permission for my camper to attend NNC's Day Camp and participate in all activities. I give permission for my camper 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 indicated why my child should not participate in prescribed activities except as noted. 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 _____