



Camper Registration Form Ney Nature Center's Summer Day Camp

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 the office at 507-357-8580 or email info@neycenter.org.

Camp(s) Attending: _____

COMPLETE HEALTH/AUTHORIZATION FORM ON REVERSE SIDE AND COVID19

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
_____	_____
_____	_____

Health Concerns

_____ This camper has no health concerns that would limit camp participation.

_____ This camper has the following 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.

Parent/Guardian Authorization

I give permission for my camper to attend Day Camp at the NNC and participate in all activities. I give permission for my camper to be photographed and for the Ney Nature Center to use any photos for publicity purposes.

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 the prescribed activities.

Ney Nature Center Summer Day Camp Parental Consent:

I am aware that while participating in a program or activity arranged by the Ney Nature Center, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, accidents, illness, and forces of nature. I agree to indemnify and defend

the Ney Nature Center and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and the Ney Nature Center's costs of defense in connection with the loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of _____ (name of participant) in Summer Day Camp except to the extent that such loss or damage is occasioned by the negligent act or omission of the Ney Nature Center, its officers, agents or employees and no negligence on the part of the Participant. The Ney Nature Center has my consent to secure treatment at the closest hospital in the event of a medical emergency.

Coronavirus / COVID-19 Warning & Disclaimer:

The Ney Nature Center has developed policies and procedures for camp operations based on state and CDC guidelines. However, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in camp programs or accessing Ney Nature Center facilities could increase the risk of contracting COVID-19. The Ney Nature Center in no way warrants that COVID-19 infection will not occur through participation in camp programs or accessing Ney Nature Center facilities

I agree to follow the following procedures established by the Ney Nature Center. Please initial below:

_____ I will alert the Ney Nature Center if camper or anyone in campers household has potential symptoms of COVID-19, such as fever, shortness of breath or persistent dry cough, in the 72 hours prior to the start of camp or during the camp session.

_____ I will alert the Ney Nature Center if anyone campers' household is diagnosed with COVID-19.

_____ I understand that camp may need to close on short notice due to government order, child or staff illness, or other emergency.

_____ I can return to the camp within one hour of being notified by phone if the child must be picked up.

_____ I will take camper(s) temperature each morning prior to camp drop off and alert staff, if the camper has a fever (temperature of 100.4° or higher) they must stay home.

_____ I understand if camper has taken any fever reducing medications such acetaminophen or ibuprofen in the past 24 hours they may not attend camp.

_____ I understand campers are required to have a mask with them and encouraged to wear as much as possible, especially at drop-off and pick-up, more group focused activities, etc. Their masks will need to be washed or replaced daily.

Signature of Parent/Guardian _____ Date _____