

# Kelleys Island Jr Naturalist Registration Form



**PLEASE PRINT**

Child's Name \_\_\_\_\_

Parents Name \_\_\_\_\_

Birth Date \_\_\_\_\_

(Month/Day/Year-Check Age Requirements-Must be of Age by Camp Date)

Island Address-Include Dates This Address Should Be Used

Home or Mailing Address-Include Dates This Address Should Be Used

Island Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Briefly describe any allergies, special medical condition, required medication or any other physical limitations your child has. A more detailed medical form will be sent with the confirmation letter

Please Describe Child's Swimming Ability

You have my permission to use photos of my child participating in Nature Camp. NO NAME will be used with online photos of Nature Camp.

Kelleys Island Life \_\_\_\_\_ Kelleys Island School Website \_\_\_\_\_ Facebook \_\_\_\_\_ Kelleys School Newsletter

**Registration Fee**

\_\_\_\_\_ \$120.00

\_\_\_\_\_ \$60.00 Kelleys Island School Student

**Make checks to: Kelleys Island School**

**Mail to: Jr. Naturalist Program**

**PO Box 382 Put-in-Bay, OHIO 43445**

**T-Shirt Size- Youth SM M L XL**

**Adult SM M L XL**

**Permission Form**

I fully understand that the nature of recreational and educational activities associated with Nature Camp includes an inherent risk of danger, which may result in personal injury or harm to my child. I grant permission for my child to participate in the program and activities of Nature Camp at the Bay, and I agree to indemnify and hold harmless the Kelleys Island School and Field Station, its staff, directors, employees, Agents and/or representatives from any claim for any injury or damage which may result from my child's attendance at and participation in the Nature Camp at the Bay. I authorize emergency medical treatment if none of the above-named emergency contact persons can be reached at the time of an emergency.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_