

# Kelleys Island Nature Camp Registration Form 2026

**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 **MUST HAVE PO BOX #**

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

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

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

## T-Shirt Size (circle one)

YOUTH- SM M L XL ADULT- SM M L

<b>(X) Preferred Camp Session</b>	<b>Dates:</b>	<b>Times:</b>	<b>Price:</b>
<input checked="" type="checkbox"/> <b>Intro to Nature Camp (4yrs.)</b>	June 22-26	10-11AM	\$50.00
<input type="checkbox"/> <b>My 1<sup>st</sup> Nature Camp(5-6yrs.)</b>	June 22-26	11:30AM-12:30PM	\$50.00
<input type="checkbox"/> <b>Nature Camp (7-8yrs.)</b>	June 22-26	1-2:30PM	\$75.00
<input type="checkbox"/> <b>Environmental Adventure Camp I (9-10yrs.)</b>	June 29-July 3	10AM-12PM	\$100.00
<input type="checkbox"/> <b>Environmental Adventure Camp II (11-12)</b>	June 29- July 3	12:30-2:30PM	\$100.00
<input type="checkbox"/> <b>Kelleys Island School Student \$25.00 - ALSO Select a Camp</b>			

**Make checks to Kelleys Island School**  
**Mailing Address**  
**C/O Kelleys Island School Treasure**  
**4918 Milan Rd. Sandusky, OH 44870**

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

## 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 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. 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 \_\_\_\_\_

