

# Summer Nature Day Camps 2010

## Experience Nature Firsthand!



Last year's camp was a wonderful experience involving kids and nature with many activities, from plant discoveries, crafts, experiments, and conservation projects. So get signed up now for the park district's Summer Nature Day Camp! Bring friends, cousins, brothers, and sisters to meet old friends and make new ones! Exciting activities await your week of fun at camp. Fishing, creekin', wetland discoveries, hikes, campfires, and wildlife are just part of the agenda. Don't wait as spots fill fast! Remember, at Nature Camp, the fun and learning never end!



* 5-6 Year Olds	June 14 - June 18	9AM - Noon
* 7-9 Year Olds	June 21 - June 25	9AM - 3PM
* 7-9 Year Olds	June 28 - July 2	9AM - 3PM
* 10-12 Year Olds	July 5 - July 9	9AM - 3PM
* 10-12 Year Olds	July 12 - July 16	9AM - 3PM
* 7-9 Year Olds	July 26 - July 30	9AM - 3PM
* 5-6 Year Olds	August 2 - August 6	9AM - Noon



Cost: \$50.00/child for half days, Monday thru Friday  
\$90.00/child for full days, Monday thru Friday



**To sign your child up for the Summer Day Camps fill out & print pages two, three & four then mail them to the address below or bring to the Lowe-Volk Park Nature Center**

For more information and to obtain registration forms call the Crawford Park District office at 419-683-9000, visit the Lowe-Volk Nature Center, or check out our website at

[www.crawfordparkdistrict.org](http://www.crawfordparkdistrict.org).

Lowe-Volk Park is located 2 miles north of US 30,  
2401 SR 598, Crestline, OH

# Crawford Park District's Summer Nature Day Camp

Registration Form and  
Emergency Medical Authorization



Child's name \_\_\_\_\_  
Child's address \_\_\_\_\_  
Birth date \_\_\_\_\_ T-shirt size \_\_\_\_\_  
Week of camp child will be attending \_\_\_\_\_

(Contact information, emergency or otherwise. Number one to four, one being the first person to call.)

Mother's name _____	Phone # _____
Father's name _____	Phone # _____
Other _____	Phone # _____
Other _____	Phone # _____

Person(s) authorized to pick up child \_\_\_\_\_  
\_\_\_\_\_

## PERTINENT INFORMATION

Facts concerning the child's medical history including allergies, medications being taken, and any impairments to which a physician should be alerted.

Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Physical impairments \_\_\_\_\_  
Dietary restrictions \_\_\_\_\_  
Other pertinent information \_\_\_\_\_  
\_\_\_\_\_

Crawford Park District employees will not dispense over-the-counter or prescription medications to participants. Participants will be allowed to possess and take over-the-counter and prescription medications on their own if permission is granted in writing by the parent/guardian. Both over-the-counter and prescription medications must be in their original containers and listed above. Your child must understand that any medications are his/her own and are not to be shared with any other person.

**PHOTOGRAPH PERMISSION**

I give permission for the Crawford Park District to use photographs taken of my child in the parks for promotional purposes including, but not limited to, news releases, newsletters, and the Park District web site.

Parent/Guardian signature \_\_\_\_\_

**PART 1 OR 2 MUST BE COMPLETED**

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Crawford Park District authority, when parents or guardians cannot be reached.

**PART 1: To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____	Phone # _____
Dentist _____	Phone # _____
Medical Specialist _____	Phone # _____
Hospital _____	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named Doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

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

**PART 2: Refusal to Consent**

I do not give my consent for emergency medical treatment; I wish the Crawford Park District take the following action:

\_\_\_\_\_  
\_\_\_\_\_

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

## PARENTS: PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE

All children attending summer nature day camp should bring a back-pack with the following items everyday:

A sack lunch and drink (for all-day camp only)

Personal water bottle

Sun block

Insect repellent

A lightweight jacket or sweatshirt

A hat if desired

An extra change of clothes

A pair of shoes/boots for wading in the creek

Pants or shorts may be worn (if your child is prone to poison ivy, pants may be preferred)

Children should wear a pair of tennis shoes or hiking boots with socks every day.

(Feet will get blisters without cotton socks). **No sandals, flips-flops, or**

**otherwise open-toed/heeled footwear!** Shoes may get muddy.

The Crawford Park District will supply all equipment needed to participate in activities throughout the week, unless otherwise specified.

If you have a complaint about the Summer Nature Day Camp, contact the Crawford County Department of Health at 419-562-5871, or Children's Services at 419-562-1200.

**Crawford Park District  
2401 SR 598  
Crestline, Ohio 44827**