

2012 Nature Day Camp

Kids will enjoy a week of nature exploration and wildlife interaction. A fun and exciting time with education throughout! Since nature is ever-changing, each week brings new and exciting adventures, including:



- Wetland Discoveries
- Hands-on Wildlife
- Nature Service Projects
- Campfires
- Nature Craft
- Tracks
- Native American & Pioneer History
- Outdoor Skills
- Much More!!!



Make sure your child doesn't miss out on the fun at the Crawford Park District's Nature Day Camp!!

<u>Ages</u>	<u>Dates</u>	<u>Times</u>	<u>Cost</u>
5-6 Year Olds	June 18 - June 22	9AM - Noon	\$50
7-9 Year Olds	June 25 - June 29	9AM - 3PM	\$100
7-9 Year Olds	July 2 - July 6	9AM - 3PM	\$80
10-12 Year Olds	July 9 - July 13	9AM - 3PM	\$100
7-9 Year Olds	July 16 - July 20	9AM - 3PM	\$100
10-12 Year Olds	July 23 - July 27	9AM - 3PM	\$100
7-9 Year Olds	July 30 - Aug 3	9AM - 3PM	\$100
5-6 Year Olds	Aug 6 - Aug 10	9AM - Noon	\$50

Registration begins March 1.

Reservations are made by full-payment only. Cash or check only.

For more information and to obtain registration forms you can:

-call the Crawford Park District office at 419-683-9000,

-visit the Lowe-Volk Nature Center, or

-visit our website at 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

**Registrations will not be accepted before
March 1**

Child's name _____
Child's address _____
City, State, Zip _____
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/videos 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)

A snack (for half-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, including “crocks”!** 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.