

2020 Nature Camp

While many popular activities will remain, such as creekin', archery, and fishing, new activities for this summer are being planned. For this year's field trip, we will visit Heckert Nature Preserve (**for all-day camps only**). Don't let your child miss out on the fun!



| <u>Ages</u> | <u>Dates</u> | <u>Times</u> | <u>Cost</u> |
|-----------------|-------------------|--------------|-------------|
| 5-6 Year Olds | June 15 – June 19 | 9AM - Noon | \$50 |
| 7-9 Year Olds | June 22 – June 26 | 9AM - 3PM | \$100 |
| 7-9 Year Olds | June 29 – July 3 | 9AM - 3PM | \$100 |
| 10-12 Year Olds | July 6 – July 10 | 9AM - 3PM | \$100 |
| 7-9 Year Olds | July 13 – July 17 | 9AM - 3PM | \$100 |
| 10-12 Year Olds | July 20 – July 24 | 9AM - 3PM | \$100 |
| 7-9 Year Olds | July 27 – July 31 | 9AM - 3PM | \$100 |
| 5-6 Year Olds | Aug 3 – Aug 7 | 9AM - Noon | \$50 |

Registration begins March 2 @ 8AM

(Payments over the phone will not be accepted until March 3)

Reservations are made with full-payment only.

Cash, check, or credit card accepted.

For more information, or to obtain more 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 @ 2401 SR 598, Crestline, OH.

PARENTS: PLEASE KEEP THIS PAGE

FOR FUTURE REFERENCE

All children attending summer nature camp should bring a backpack with the following items everyday:

- ✓ A sack lunch and drink (for all-day camp only)
- ✓ A light snack (for half-day camp only)
- ✓ Personal water bottle
- ✓ Sun block and insect repellent (if possible, please apply before camp starts)
- ✓ A lightweight jacket or sweatshirt
- ✓ A hat if desired
- ✓ An extra change of clothes and towel
- ✓ 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 footwear, including Crocs™.** Shoes may get muddy. The Crawford Park District will supply all equipment needed to participate in activities throughout the week, unless otherwise specified.

For all-day camps only, a bus will pick us up at Lowe-Volk Park and take us to Heckert Nature Preserve (1601 SR 19, Bucyrus, OH 44820)

A letter will be provided on the first day of camp with the schedule, special notes, and reminders of items to bring or pack for the week.

Naturalists and Interns are required to have yearly background checks.

CPD Summer Nature Camp registers annually with the Ohio Department of Job and Family Services, Bureau of Childcare and Development, Childcare Center Monitoring Section.

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

Crawford Park District's Nature Camp

Registrations will not be accepted before
March 2, 8AM; NO EMAIL SUBMISSIONS!



Child's name _____ Age _____ Birth date _____

Child's address _____

City, State, Zip _____

T-shirt (circle one) **Youth:** sm (sz 6-8) med (sz 10-12) large (sz 14-16) **Adult:** sm med large XL

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/TRANSPORTATION 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's social media.

Parent/Guardian signature _____

(All-day campers only) I give permission for the Crawford Park District to transport my child to Heckert Nature Preserve, via Public School Bus, for one day during his/her week of Nature Camp.

Parent/Guardian signature _____

PARENTAL WAIVER, CONSENT AND RELEASE FORM

The undersigned, in my capacity as parent and/or legal guardian of _____ (child), hereby provides consent for my child to participate in Nature Camp at the Crawford Park District. I understand participation in this event/activity is inherently dangerous and that injuries are possible. I agree to hold harmless and indemnify the Crawford Park District from any and all liability including, but not limited to, liability for any injuries or damages sustained by _____ (child) as a result of participating in Nature Camp.

Signature of Parent/Guardian _____
Date _____

EMERGENCY MEDICAL TREATMENT CONSENT OR REFUSAL
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 would take the following action: _____

Signature of Parent/Guardian _____
Date _____