

2022 One Day Nature Camp

Reservations are made with full-payment only.
Cash, check, or credit card (with a service charge) accepted.
Please make checks payable to the Crawford Park District.



10-12 Years	July 6	9am-3pm	\$25
7-9 Years	July 7	9am-3pm	\$25
5-6 Years	July 8	9am-3pm	\$25

PARENTS: PLEASE KEEP THIS PAGE FOR FUTURE REFERENCE

Nature Camp at Lowe-Volk Park starts at 9am and ends at 3pm. Our homebase will be a tent like last year. During inclement weather, we will go into the Nature Center. There will be a check in table where you will sign your camper in, starting at 8:45 am and out at the end of the day. They may wear pants or shorts (if your child is prone to poison ivy, pants may be preferred). Campers should wear a pair of tennis shoes or hiking boots with socks. **No sandals, flips-flops, or otherwise open-toed footwear.**

Naturalists and Interns are required to have yearly background checks.

All children attending Nature Camp should bring a backpack with the following items:

- ✓ A sack lunch and drink
- ✓ Personal reusable 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 for wading in the creek (old shoes that tie are better than rainboots)

If you have any questions or concerns, please contact us at 419-683-9000.

Crawford Park District
2401 SR 598
Crestline, OH 44827

Crawford Park District Nature Camp



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

Date your 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 CPD's social media.

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 _____