

# 2022 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 Carpenter's Bottom (**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 13 – June 17	9AM - Noon	\$50
7-9 Year Olds	June 20 – June 24	9AM - 3PM	\$100
7-9 Year Olds	June 27 – July 1	9AM - 3PM	\$100
7-9 Year Olds	July 11– July 15	9AM - 3PM	\$100
7-9 Year Olds	July 18 – July 22	9AM - 3PM	\$100
10-12 Year Olds	July 25 – July 29	9AM - 3PM	\$100
10-12 Year Olds	August 1 – August 5	9AM - 3PM	\$100
5-6 Year Olds	August 8 – August 12	9AM - Noon	\$50

## Registration begins March 1 @ 8AM

Payments over the phone will not be accepted until March 2, after 8AM.

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.

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.crawfordpd.org](http://www.crawfordpd.org).

Lowe-Volk Park is located at 2401 SR 598, Crestline, OH.

# **PARENTS: PLEASE KEEP THIS PAGE**

## **FOR FUTURE REFERENCE**

Nature Camp will be held at Lowe-Volk Park. 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 each morning. The table will also have pertinent information and items such as: a welcome letter with the tentative schedule, special notes, reminders of items to bring or pack for the week, and lost & found items. At the end of the day, remember to sign your camper out. If your camper will not be here or will be late, please let us know ASAP. Each camper will receive a Nature Camp shirt on their first day of camp. 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 every day. (Feet will get blisters without cotton socks). **No sandals, flips-flops, or otherwise open-toed footwear.**

**For all-day camps only** - on Thursday, a bus will pick us up at Lowe-Volk Park and take us to Carpenter's Bottom for our field trip (3229 SR 98, Bucyrus, OH 44820).

Naturalists and Interns are required to have yearly background checks.

All children attending 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 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

Registrations will not be accepted before  
March 1, 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 CPD's social media.

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

**(All-day campers only)** I give permission for the Crawford Park District to transport my child to Carpenter's Bottom, 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 \_\_\_\_\_