



Lake Erie Islands Nature & Wildlife Center
 2017 Middle Bass Island Nature Camp Registration Form
 This year's theme is "Amazing Arthropods!"

Name: _____ Birthday: m/ _____ d/ _____ yr/ _____

Please check session desired: _____ Date rcv'd _____

- ___ 5-6 yr olds \$25 June 26-30, Mon – Fri, 9-10:am
- ___ 7-8 yr olds \$25 June 26-30, Mon – Fri, 10:15-11:15 am
- ___ 9-10 yr olds \$35 June 26-30, Mon – Fri, 12-1:30 pm
- ___ 11-13 yr olds \$50 June 26-30, Mon – Thr, 2-4:pm and Thu, 9-10:30 pm

(Add \$30 if 11-13 yr old would like to camp out (1 night) with PIB Nature Campers on Kelley's Island July 26-27.)

T-shirt size (circle one): YOUTH – S, M, L ADULT – S, M, L, XL, 2X

Maximum 20 campers each group; first come first registered, according to date received.

Mail application + Medical form with payment to: LEINWC Nature Camp Program, PO Box 871, Put-in-Bay, OH, 43456.

Make check payable to: "LEINWC". Please see page 2 for potential discount!

Please complete a separate application for each camper, and make sure forms are completely filled out and signed.

(Because of the popularity of Nature Camp, please understand your application may have to be placed on a waiting list.) If you have a change in plans, please contact Tina M Larson immediately! 248-320-4529 or tmlarson@umich.edu

Island address: _____

Island property owner: _____

Home address: _____ home email: _____

Email confirmation letter to (be sure to print clearly!): _____

Emergency contact during camp:

Name: _____ Relationship: _____ Number: _____

Alternate emergency contact:

Name: _____ Relationship: _____ Number: _____

Describe 9 – 13 yr old's swimming ability: _____

Consents:

I consent to any standard first aid being administered if needed.

I consent to the use of photo/s of my child participating in Nature Camp.

(check sources you approve. No names will be used with online photos.)

___ PIB Gazette ___ LEINWC Website ___ LEINWC Newsletter ___ LEINWC Facebook

I fully understand that the nature of recreational and educational activities associated with the Middle Bass Island Nature Camp includes an inherent risk of danger, which may result in personal injury or harm to my child. I grant permission for my child to participate in the program and activities of the Middle Bass Island Nature Camp, and I agree to indemnify and hold harmless the Lake Erie Islands Nature and Wildlife Center and the Middle Bass School Board, their staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my child's attendance at and participation in the Middle Bass Island Nature Camp. I authorize emergency medical treatment if none of the above named emergency contact persons can be reached at the time of an emergency.

Signature of parent or guardian (circle one): _____ Date: _____

Lake Erie Island Nature and Wildlife Center
 SPONSORSHIP
 OPPORTUNITIES



Black Squirrel – Individual	\$15
Monarch – Family	\$25
(5% Nature Camp Discount)	
Lake Erie Watersnake – Business	\$100
(10% Nature Camp Discount + Newsletter Ad)	
Bald Eagle – Life	\$500
(25% Nature Camp Discount + name on Fox Snake at LEINWC)	

Sponsorship	\$ _____
Nature Camp fee	+\$ _____
Sub-Total	\$ _____
Nature Camp fee Discount	-\$ _____
Check total	\$ _____



NATURE CAMP MEDICAL INFORMATION

Name of camper _____ Name of Parents _____
Address _____ Campers DOB and Age _____
Cell # _____ Island # _____ Home # _____
Emergency # and Name _____ Family Physician & Phone # _____

MEDICAL HISTORY

List and explain ANY health problems (illnesses/diseases—either medical or psychiatric) which might have an effect on the Nature Camper functioning at camp (e.g., sinus, cold, headaches, depression, motion sickness)

Does the Nature Camper presently have or ever had any of the following: X all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies/hay fever | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Difficulty Hearing | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Eye Disorder | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Heart Issues |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Night sweats/unexplained fever | <input type="checkbox"/> Respiratory Disorder |

Please explain details of any disorder checked:

ALLERGIES:

Is camper allergic to any medications YES NO

List all medication to which camper has allergic reaction or does not tolerate well. Please include the type of reaction

ALLERGIES:

Is camper allergic to Anything other than medicine (i.e. food, dyes, bees) ____ YES ____ NO

If yes, what and explain reaction

MEDICATION:

List all medication prescribed and over the counter that the camper takes on a regular basis

I, _____, the parent of _____, have read all of the information completely and have answered all of the questions to the best of my knowledge. I agree to release the Lake Erie Islands Nature & Wildlife Center from all legal liability understanding risks.

AUTHORIZATION:

PRINT- Parent/Guardian Name

SIGN- Parent/Guardian Name

DATE (00/00/0000)