



REGISTRATION FORM

Camper Info *(please use one form per child)*

Child's Name _____ Child's Age ____ Gender: Girl ___ Boy ___

School _____ County _____ Grade in fall ____

Address: _____ City _____ State _____ Zip _____

Parent Email *(to use for camp confirmation & notices)*: _____

Mom's Name: _____ Workplace _____

Mom's Phone Numbers *(circle 1st preference)*: Home _____ Cell _____ Work _____

Dad's Name: _____ Workplace _____

Dad's Phone Numbers *(circle 1st preference)*: Home _____ Cell _____ Work _____

Are you a current WNS member? No Yes

How did you learn of the ECO Academy? *(check all that apply)*

WNS news Newspaper Magazine Flyer / Brochure Banner Friend Other

Has your child previously attended a WNS camp? No Yes Year of last attendance _____

ECO Academy Camp T-Shirts

Each registered camper will receive one official WNS ECO Academy t-shirt. They are encouraged to wear these shirts to camp, but it is not required. You may purchase additional shirts at \$8 /shirt. Please choose a size, and indicate the number of additional shirts for this camper.

T-shirt Size: S M L Youth Adult Number of additional t-shirts: _____

Other people who are authorized to pick up your child:

Name	Relationship	Daytime Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

CAMP SELECTION & FEE SUMMARY

Please check each of the camp sessions your child will attend.

Session 1: June 22-26	Times	Cost (members / nonmembers)	Amount Due
Discovery Camp (ages 6-8)			
__ Half Day	(9 a.m.-noon)	\$90/\$100	\$ _____
__ Half Day	(1- 4 p.m.)	\$90/\$100	\$ _____
__ Full Day	(9 a.m.-4 p.m.)	\$135/\$150	\$ _____
Adventure Camp (ages 9-12)			
__ Full Day	(9 a.m.- 4 p.m.)	\$135/\$150	\$ _____
Extended Care		\$25 / week	\$ _____
__ AM	(7:30 – 9 a.m.)		
__ PM	(4 - 5:30 p.m.)		

Session 2: July 20-24

Discovery Camp (ages 6-8)			
__ Half Day	(9 a.m.-noon)	\$90/\$100	\$ _____
__ Half Day	(1- 4 p.m.)	\$90/\$100	\$ _____
__ Full Day	(9 a.m.-4 p.m.)	\$135/\$150	\$ _____
Adventure Camp (ages 9-12)			
__ Full Day	(9 a.m.- 4 p.m.)	\$135/\$150	\$ _____
Extended Care		\$25 / week	\$ _____
__ AM	(7:30 – 9 a.m.)		
__ PM	(4 - 5:30 p.m.)		

	SUBTOTAL:	\$ _____
Additional Child 10% Discount <i>(registrations for 2nd + siblings in same camp session)</i>	10% of subtotal	- \$ _____
Additional ECO Academy t-shirts	Add \$8 / shirt	+ \$ _____
WNS Membership <i>Members enjoy a discount off camp fees and other programs, plus receive our newsletter and Nature News alerts. Why not join today?</i>	Add \$50 / family	+ \$ _____
	TOTAL ENCLOSED:	= \$ _____

Enclosed is my check payable to *Wesselman Nature Society*

 Charge my Credit Card
 Credit Card # _____ Expiration Date _____ Security Code (CVN# on back) _____
 Name on Card _____ Signature _____

<p>Full payment is due at time of registration to reserve a space for your child. Refunds, minus a \$25 administration fee, will be given for cancellations at least two weeks prior to camp.</p>



PARENT / GUARDIAN PERMISSION FORM

- As custodial parent(s) or guardian(s) of _____, I request that my child be permitted to participate in the WNS ECO Academy. I understand and agree that my child's participation in ECO Academy and its activities is completely voluntary, that no oral representations, statements, or inducements apart from the contents of the registration package have been made to me, and that I have familiarized myself with the program and activities in which my child will be participating. I understand that ECO Academy is being held at Wesselman Woods Nature Preserve, which is owned by the City of Evansville & operated by Wesselman Nature Society.
- I recognize that certain hazards and dangers are inherent in ECO Academy trips, activities, and outdoor programs. These risks include, but are not limited to, the activities of hiking, running, canoeing, swimming, fishing, wildlife encounters, and camping. I acknowledge that although ECO Academy has taken safety measures in an attempt to minimize the risk of injury to participants, ECO Academy can neither insure nor guarantee that the participants, equipment, vehicles and/or activities will be free of hazards, accidents and/or injuries. I therefore agree that I will instruct my child in the importance of knowing and following all safety rules and directions of camp leaders, for both my child's safety and the safety of all participants.
- I understand that my child will be participating in field trips to other natural areas that will enhance their camp experience, which may include Howell Wetlands, Pigeon Creek, Blue Grass Fish and Wildlife Area, John James Audubon State Park, Garvin Park or other local natural properties. My child has permission to take the mode of transportation provided by WNS to and from field trip sites. Campers will be under the supervision of WNS staff and docents at all times. ECO Academy campers and supervising staff will be in contact with the WNS office staff by mobile phones.
- I agree to direct my child to cooperate and comply with all reasonable directions and instructions from adult leaders at ECO Academy, and to observe all camp rules of conduct. I understand that if my child fails to observe those rules, or otherwise becomes disruptive in camp, I will be notified, and I agree to come to ECO Academy to take my child home. I understand and agree that any financial obligations resulting from vandalism, stealing, or related activity by my child will be my responsibility.
- In consideration of WNS permitting my child to attend and participate in the ECO Academy activities, I release, forever discharge, and promise not to sue WNS or any of its affiliated entities, employees, agents, and volunteers from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of my child, whether caused by negligence or other conduct by WNS while the child is participating in ECO Academy, or on or about the premises of Wesselman Woods / Howell Wetlands or any of its facilities or equipment.
- I further agree to indemnify and hold harmless WNS from any loss, liability, damage, or cost it may incur due to the presence of my child on or about the premises of Wesselman Woods / Howell Wetlands, its facilities or equipment, or while participating in ECO Academy, whether caused by the negligence of WNS or otherwise.
- PHOTO RELEASE: I grant the irrevocable and unrestricted right to use, reproduce, and publish photograph(s) or video(s) of my child, including his/her image and likeness for WNS publications, presentations, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release WNS from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s). *If this is not acceptable to you, please notify the Executive Director in writing.*

Date: _____ Signature of parent/guardian _____

Date: _____ Signature of parent/guardian _____



HEALTH HISTORY FORM

A COMPLETED AND SIGNED FORM IS REQUIRED FOR EACH CAMPER TO BE ADMITTED TO CAMP.

We use this form to: (a) Notify camp planners about diet needs; (b) Educate camp counselors about your child's needs; and (c) Provide healthcare professionals with background about your child. This information is crucial to our ability to provide a safe and supportive environment.

Name _____ Date of birth _____ Gender: Male Female
Last First MI

Home address _____
Street address City State Zip

Mom's phones (*circle 1st preference*) Cell phone _____ Home phone _____ Work phone _____

Dad's phones (*circle 1st preference*) Cell phone _____ Home phone _____ Work phone _____

Mother's name _____ Father's name _____

If not available in an emergency, notify: _____
Name Phone number Relationship to camper

INSURANCE INFORMATION: Include a legible copy of both sides of your insurance card.

Is this camper covered by family medical/hospital Insurance? yes no

If so, indicate carrier and/or plan name: _____ Group #: _____

Carrier address: _____

Name of insured: _____ Relationship to camper: _____

HEALTH HISTORY: To be completed and signed by parent. Keep a copy for your records and to record changes in your child's health status. Notify WNS in writing if there are changes.

ALLERGIES: Please List

This camper has no known allergies

Medications: _____

Food: _____

Plants: _____

Insect Stings: _____

Other: _____

MEDICATIONS: Please list all medication, including over-the-counter or nonprescription drugs, taken routinely. ALL medication MUST be in pharmacy containers that identify the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This camper takes no medication.

This camper takes daily medication (or vitamins) as follows:

Medication #1 _____ Medication #2 _____ Medication #3 _____

Dosage: _____ Dosage: _____ Dosage: _____

Times Taken: _____ Times Taken: _____ Times Taken: _____

CHRONIC CONDITIONS:

This camper has no chronic health concerns that would be of concern for the extent of this camp program.

This camper has the following chronic health concern(s):

Anaphylaxis (severe allergic reaction) Asthma Diabetes Other _____

Provide information about supportive health care needed for each item:

AUTHORIZATION FOR HEALTH CARE: I certify that I am the custodial parent or guardian of the minor _____, and that this child has my permission to participate in all WNS /ECO Academy activities, except as otherwise noted above. Should emergency medical treatment be necessary for my child and I am unable to be contacted immediately, I do hereby give permission to the delegated agents of the WNS, their representatives, employees, agents and assigns, including, but not limited to staff and adult supervisors at ECO Academy, to act on my behalf and to authorize (1) necessary transportation of my child in connection with the emergency, (2) the release of records necessary for insurance purposes, and (3) medical or dental care for my child. I further authorize WNS staff to administer medication as indicated above, and relieve the WNS staff of any and all liability related to its administration in accordance with the directions on the label. This authorization shall remain effective until my child completes his/her activities at ECO Academy or until sooner revoked by me in writing, and may be photocopied. I understand and agree that as parent/guardian, I will be responsible for any costs associated with the medical care received by my child pursuant to this authorization.

Date: _____ Signature of parent/guardian _____

Date: _____ Signature of parent/guardian _____

**ALL INFORMATION, DATES AND SIGNATURES ARE REQUIRED!
CHILDREN CANNOT BE ADMITTED TO CAMP WITHOUT THIS FORM ON FILE!**

Send completed registration, permission, and health forms with payment to:

**WNS - ECO Academy
551 N. Boeke Rd.
Evansville, IN 47711**

Questions? 812-479-0771