



Conservation Day Camp - June 18-20, 2024

REGISTRATION FORM

2nd-6th GRADE

Camper Information

CAMPER NAME: First		Name your child goes by			Last			
ADDRESS: Street		City		State		ZIP		
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE	DATE OF BIRTH		GRADE COMPLETED			
T-SHIRT SIZE:		Youth Medium	Youth Large	Small	Medium	Large	XL	2XL
PARENT/LEGAL GUARDIAN NAME: First				Last				
PHONE				EMAIL				

Once camp begins, we try to avoid having any camper switches, changes, or rearranges. Since we can't read minds, please specify if there are other campers you would like your child to be placed with and if you **do** or **do not** want siblings placed together.

If anyone other than yourself will pick up your child from camp, please list their name(s) here:

Medical Information

List any Specific Allergies & Reactions; Physical, Health, or Behavioral Limitations; and Current Medications & Dosage. All medication is to be given to camp nurse at registration in original labeled containers, including dosage instructions.

PHYSICIAN'S NAME

PHONE

Consent/Waiver of Liability

I give my child permission to participate in all on-site activities at Conservation Day Camp. I understand participants will be supervised and are expected to cooperate in activities and abide by camp policies of conduct and attitude. The camp reserves the right to dismiss campers who fail to follow these guidelines without refund. I also understand the Staff, Preble Soil and Water Conservation District, and the Preble County Historical Society are not responsible in the event of accidental injury or illness, nor the compounded injury or illness to the participant's present medical conditions listed. I give permission to camp staff to administer basic first aid to my child, including ibuprofen, acetaminophen, and Benadryl. I further understand in case of serious injury or illness, every reasonable effort will be made to notify me. If I cannot be contacted, I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant named above.

I give Preble Soil and Water Conservation District permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the above organizations with respect to copyright ownership and publication including any claim for compensation related to the use of the materials.

PARENT/GUARDIAN SIGNATURE

DATE

The non-refundable camp fee of \$40 must accompany this form. Make checks payable to: Preble SWCD.

Registration forms and camp fees must be returned by **Friday, May 17** to: Preble SWCD, 2789 US RT 35 E, West Alexandria, OH 45381

Please direct all questions to bjprice@prebleswcd.org or call (937) 456-5159.