

**BEAR CREEK NATURE CENTER  
2019 NATURE CAMP REGISTRATION FORM**

245 Bear Creek Road, Colorado Springs, CO 80906  
719-520-6972 ElizabethHopkinsBrown@elpasoco.com

Camper Name: \_\_\_\_\_

Male / Female (circle) Age during camp \_\_\_\_\_ Entering grade \_\_\_\_\_ (please list grade your child will attend in Fall 2019)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Home phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**We heard about camp through:**

School newsletter  Radio  TV  Website  Poster  Past Camper  Pikes Peak Parent   
CO Springs Kids Magazine  Other (please specify) \_\_\_\_\_

**Nature Camp Sessions**

- |   |  |
|---|--|
| <input type="checkbox"/> Full day, June 3 - 7                 | 9 a.m. – 3 p.m. \$130 members, \$140 non-members |
| <input type="checkbox"/> Full day, June 17 - 21               | 9 a.m. – 3 p.m. \$130 members, \$140 non-members |
| <input type="checkbox"/> Full day, June 24-28 (Middle School) | 9 a.m. – 3 p.m. \$140 members, \$150 non-members |
| <input type="checkbox"/> Full day, July 8-12                  | 9 a.m. – 3 p.m. \$130 members, \$140 non-members |
| <input type="checkbox"/> Half day, July 29-August 2           | 9 a.m. – 12 p.m. \$90 members, \$100 non-members |

A limited number of camp scholarships are available. Call for information.

**Payment**

\_\_\_\_\_ \$ Camp Fee (*see above, **total is due at time of registration***)

**ONE discount per camper/camp if applicable**

\_\_\_\_\_ -\$10 for Active Military (*copy of I.D. required*) OR

\_\_\_\_\_ -\$5 multiple camps or campers (*apply \$5 discount to each camp/camper*)

\_\_\_\_\_ Total enclosed (*camp fee minus ONE discount, if applicable*)

**\$25 per camp will be retained for cancellations**

**NO refund for cancellations two weeks prior to camp start date**

Method of Payment: Cash  VISA  MC  Discover  Check  (payable to "Friends of El Paso County Nature Centers")

Name as it appears on the card: \_\_\_\_\_

Account number: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**Thank you for choosing Bear Creek Nature Camp!**

**Please note: While we do many activities all together at camp, throughout the day we split up into groups based on age. We cannot guarantee that siblings who are different ages will be placed in the same group.**

**Thank you for your understanding.**

**Health form REQUIRED with registration.**

# Nature Center Camps Health and Permission Form

(All information is confidential, and given only to adult staff on a need to know basis.)

Camper's Name: Last \_\_\_\_\_ First \_\_\_\_\_

## Emergency and Health information

### Contact Information

First Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Third Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_

**VERY IMPORTANT:** Please list known allergies, medications, physical limitations, special needs, emergency medical information or anything else we should know about your child. \_\_\_\_\_

**Medication at Day-Camp:** County regulations require that all medication be in its original container, and be accompanied by a physician's note giving El Paso County parks staff permission to dispense the medication.

(Please send only enough medication to last the week.)

## Persons Authorized to Pick-up Your Child

Your child will not be released to any person who does not appear below unless authorized by you in writing. You may make daily designations on the camp sign-in/sign-out sheet.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## Signature Required

I, the undersigned parent or guardian, understand that the employees and/or volunteer staff of the Bear Creek Nature Camp Program will perform to the best of their abilities, and will endeavor to provide for the safety of all camp participants. I do however, agree to indemnify and otherwise hold harmless El Paso county and all agents should and an accident or injury occur to the above named child while participating in a camp activity. By signing this form I acknowledge that I have read this paragraph and authorize the participation of this child in the nature camp.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

## Photo & Video Release

Photographs and video taken at each camp session will be used in a slide show on the last day of camp. Also, photographs and video footage can be used in park publications and marketing. A child's personal information is **NEVER** released. Unless we have your permission to include photos and video footage, we can not include her/him in the camp slide show.

I hereby give permission for my child's photograph and video footage to be used in day-camp slide shows, Bear Creek Nature Center and/or Fountain Creek Nature Center publications, and for advertising and promotions for the nature centers.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**Please mail or email your registration and health forms before the first day of camp.**

Bear Creek Nature Center – 245 Bear Creek Road – Colorado Springs, CO 80906 Phone: 719-520-6387

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**Thank you for choosing Bear Creek Nature Camps!**