

FOUNTAIN CREEK & FOX RUN NATURE CAMPS

2019 Registration Form

320 Pepper Grass Lane, Fountain, CO 80817 719.520.6745 nancybernard@elpasoco.com

Camper Name _____ M / F Age _____ Grade _____

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 Colorado Springs Independent Other (please specify) _____

Summer Nature Camp Sessions

- | | | | | | |
|--------------------------|----|------------|---------------------------------|-------------------------|---------------------------|
| <input type="checkbox"/> | A | June 10-14 | CO Outdoor Kids | 9am-3pm (grades 1-5) | \$130 mbr, \$140 non-mbr. |
| <input type="checkbox"/> | A1 | June 24-28 | CO Outdoor Kids at Fox Run Park | 9am-12noon (grades 1-5) | \$90 mbr, \$100 non-mbr. |
| <input type="checkbox"/> | B | July 8-12 | Wild Child Adventures | 9am-3pm (grades 6,7,8) | \$130mbr, \$140 non-mbr. |
| <input type="checkbox"/> | C1 | July 22-26 | Next Generation Naturalists | 9am-3pm (grades 1-5) | \$130 mbr, \$140 non-mbr. |
| <input type="checkbox"/> | C2 | August 5-9 | Cattail Kids | 9am-3pm (grades 1-5) | \$130 mbr, \$140 non-mbr. |

A limited number of camp scholarships are available. Applications due 2 weeks prior to camp.

Payment

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

ONE discount / camper / camp if applicable:

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

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

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

\$25 will be retained for cancellations.

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

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

Please call 719-520-6745 or stop by the nature center to process a debit or credit card payment.

_____ Health form included with registration.

_____ Bringing health form on 1st day of camp.

Thank you for choosing Fountain Creek Nature Center & Fox Run Park Nature Camps!

**Fountain Creek Nature Camp/Overnight
CAMPER HEALTH AND SAFETY FORM
(CONFIDENTIAL)**

Child's Name: _____ Doctor's Name: _____
(last) (first) Dr. Phone # _____

Emergency Contacts (please list one other besides parent or guardian):

Parent or Guardian _____ Phone Number(s) _____

Other _____ Phone Number(s) _____ Relationship to child _____

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

(Regulations require that all medication be in an original container,
and accompanied by a Dr. note giving the El Paso County Parks staff permission to dispense medication.)

Name(s) of person(s) authorized by you to pick your child up from camp/overnight:

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

(Your child will not be released to any person whose name does not appear above unless authorized by you personally in writing. If someone other than those listed above needs to pick up your child, please notify us IN WRITING.)

PARENT OR GUARDIAN MUST SIGN

I, the undersigned parent or guardian, understand that the staff of the Fountain 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 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 RELEASE: I hereby give permission for my child's photograph to be taken while participating in camp activities and to be used in Fountain Creek Nature Center publications, and for advertising and promotions for the Fountain Creek Nature Center.

(Signature of parent or guardian)

(Date)

PLEASE MAIL, OR BRING THIS FORM ON THE 1ST DAY OF CAMP/OVERNIGHT PROGRAM:

Fountain Creek Nature Center
320 Pepper Grass Lane
Fountain, CO 80817