MERCER COUNTY PARK COMMISSION
NATURE CAMP REGISTRATION FORM— 2012 Season

Return completed registration and health forms with full payment to:
Jenn Rogers, County Naturalist
The Historic Hunt House, Mercer County Park Commission
197 Blackwell Road
Pennington, NJ 08534

Please note: One form per camper.

Camper Name: _____
Last First Middle Initial

Date of Birth: _____/ _____/ _____ Grade entering in fall: _____ Male____ Female_____

Parent/ Guardian Name: _____
Last First Middle Initial

Home Phone #: _____ - _____ - _____ Parent/Guardian Cell Phone #: _____ - _____ - _____

Work Phone #: _____ - _____ - _____

Address: _____
Street City State Zip Code

Email address: _____

T - Shirt Size: _____

Select (X)	Dates	Camp Program	For children entering grades:	Location	Fee
	July 9-13	Nature Camp I	1—3	Baldpate Mountain	$190.00
	July 16-20	Nature Camp II	4—6	Baldpate Mountain	$190.00
	July 30-August 3	Aquatic Adventure	6—8	Mercer County Marina	$275.00

Choose one payment method. Full payment must accompany the registration form.

To pay via credit card:

Name (as it appears on your credit card): _____

Card Type (please circle): Visa MasterCard Card Number: _____ _____ _____ _____

Expiration Date: _____/ _____ Amount: $_____.____

To pay via check:

Name on check: _____ Check number: _____ Amount: $_____.____

Please make checks payable to: Mercer County Park Commission

Important Policies:

Fee & Cancellation Policy: Payment can be made with a credit card or check. Cancellation requests must be in writing. In the event of cancellation, refunds will be subject to a $40.00 service charge. No refunds will be issued for cancellations made less than three weeks prior to the start of camp sessions. Fees are not refunded for a missed program.

Camp Registration Policy: A camper will be registered ONLY when a completed Registration Form, completed Medical Form and full payment are returned and in the same envelope. *An email confirmation will be sent upon receipt of registration.*

Food Allergy Policy: For the safety of all campers, the Park Commission may restrict certain food items at camp when individuals with severe allergies or medial issues are present. Failure to comply with this policy may result in removal from camp, without refund.

I, the undersigned, have read and understand these policies.

Parent/Guardian Signature: _____ Date: _____

For office use only:

Date Rec'd: _____ Session: _____ CC/Ck#:_____ Amt: $_____ Date Comp:_____ CL:_____

MERCER COUNTY PARK COMMISSION
NATURE CAMP HEALTH AND MEDICAL FORM— 2012 Season
To be completed by parent or guardian.

For office use only:
Session: _____

Camper Name: _____
Last First Middle Initial

Date of Birth: _____/ _____/ _____ Male____ Female_____

Parent/ Guardian Name: _____

Home Phone #: _____ Cell Phone #: _____Work Phone #: _____

Address: _____
Street City State Zip Code

Email address: _____

EMERGENCY CONTACT INFORMATION (other than parent/guardian) - ONE REQUIRED

Emergency Contact Person: _____ Relationship: _____

Phone #: _____ - _____ - _____ Alternate Phone #: _____ - _____ - _____

Emergency Contact Person: _____ Relationship: _____

Phone #: _____ - _____ - _____ Alternate Phone #: _____ - _____ - _____

Emergency Medical Information:

Check and give details to conditions participant is subject to

- □ Asthma
- □ Diabetes
- □ High Blood Pressure
- □ Convulsions
- □ Fainting Spells
- □ Heart Trouble
- □ Allergies
- □ Contact Lenses
- □ Any other condition that may require special knowledge or special care

Please Explain: _____

_____

_____

Date of last tetanus shot: _____

Does your child carry an EpiE-ZPen? _____

If yes, please explain: _____

_____

Is your child presently on medication? Yes ___ No___

If yes, please explain: _____

_____

Park Commission staff are not certified to administer medication. Children must take their medication at home or be able to self medicate. MCPC staff renders first aid only. In the event of injury, your child would be transported to the nearest hospital.

PLEASE READ: *I understand the content of the program and the risks of personal injury therein. I give permission to the Mercer County Park Commission to make noncommercial use of any activity photographs of my child or any artwork created by my child during this program.*

Signature: _____ Date:_____