



# Nature Day Camp and Kids Nature Night Health & Registration Form

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female Other N/A

School Attending Fall 2023: \_\_\_\_\_ Grade in Fall 2023: \_\_\_\_\_

**Child's Ethnicity:** *\*Check those that apply*

- ☐ Non-Hispanic White
- ☐ African American
- ☐ Latino or Hispanic American
- ☐ East Asian or Asian American
- ☐ South Asian or Indian American
- ☐ Middle Eastern or Arab American
- ☐ Native American or Alaskan Native
- ☐ Other

**Camp Tuition per Week:**

**\$250** (Non-Members) **\$230** (YAA Members Fir & Above)

*\*Circle those that apply*

Make checks payable to: **Yakima Area Arboretum**

**Parent 1 / Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Parent 2 / Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**In case of emergency, please give us an alternate person to contact if you are unavailable.**

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

In case of injury, campers will be taken to the nearest hospital which is Yakima Valley Memorial unless you specify another hospital: \_\_\_\_\_

**Cancellation/Refund Policy:** If you need to cancel your child's Nature Day Camp or Kids Nature Night session for any reason, please contact us immediately. If the session is cancelled with at least [21 days' notice for Nature Day Camp/7 days' notice for Kids Nature Night] you will receive a full refund minus a [\$30 processing fee for Nature Day Camp/\$5 for Kids Nature Night]. If the session is cancelled by you with less than [21 days for Nature Day Camp/7 days for Kids Nature Night], no refund will be given.

**Please Fill Out Both Sides of This Form**

**Please complete both sides of this form. One form per child must be completed.**



# Nature Day Camp and Kids Nature Night Health & Registration Form

## MEDICAL TREATMENT WAIVER & AUTHORIZATION

As the parent or legal guardian of \_\_\_\_\_, I hereby grant permission for my child to participate in the Yakima Area Arboretum Summer Nature Day Camp and Kids Nature Night Program. In the event of an emergency, accident or illness, I authorize the Yakima Arboretum and its agent(s) to administer emergency medical care to my child.

In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

**My signature below hereby represents that I have read, understand, and consent to the terms and conditions of this document.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## PERMISSION TO PARTICIPATE:

My child \_\_\_\_\_ has permission to engage in all camp activities except as noted below.

Are there any activities your child **cannot** participate in?

☐ YES

☐ NO

If YES, please describe: \_\_\_\_\_

## HEALTH CONCERNS AND MEDICAL INFORMATION:

**Does your child have any health issues (mental, emotional, or physical) or allergies that the YAA staff should be aware of?**

☐ YES

☐ NO

If YES, please describe the reaction and the management to the reaction: \_\_\_\_\_

Does your child carry an Epi-Pen?

☐ YES

☐ NO

Does your child use/carry an inhaler, nebulizer, or other medical device?

☐ YES

☐ NO

Does your child currently take any prescribed medication(s)?

☐ YES

☐ NO

**If YES, please describe medication and dosage:**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**If medication needs to be taken at camp, please provide guidelines for administration:**

## LIABILITY AND MEDIA RELEASE

*I, the undersigned, agree to hold harmless the Yakima Area Arboretum and its staff and volunteers of all liabilities known or unknown that may occur during the course of the scheduled Nature Day Camp and Kids Nature Night. I am aware that natural or manmade hazards may be present in the indoor and outdoor classroom environment and that my camper will be spending the day exploring the Arboretum grounds, and/or adjacent properties such as, but not limited to, the Yakima Greenway Pathway, Sportsman State Park, Yakima Regional Wastewater Treatment Facility, the former KOA Campground, and the banks of the Yakima River. I am aware that participants will be handling materials and equipment commonly found in gardens and unmanaged landscapes, such as soil, sand, water, live animals, plant materials, and rocks, but not limited to these materials only. I accept all responsibility for the activities performed during the program. Photographs will be taken at the Yakima Arboretum Nature Day Camp showing campers and staff involved in camp activities. These may be used by the Arboretum for promotional, informational and educational purposes.*

☐ Please **do NOT** include my youngster in camp photographs (including end of the week photos for parents)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please complete both sides of this form. One form per child must be completed.**