

Kelleys Island Nature Camp Registration Form 2022

PLEASE PRINT

Child's Name _____ Parents Name _____

Birth Date _____ (Month/Day/Year-Check Age Requirements-Must be of Age by Camp Date)

Island Address-Include Dates This Address Should Be Used

Home or Mailing Address-Include Dates This Address Should Be Used

Island Phone _____ Emergency Contact _____

E-Mail Address _____

T-Shirt Size (circle one) **YOUTH**– SM M L XL **ADULT**– SM M L

(X) Preferred Camp Session(s)	Dates:	Times:	KI Resident:	Nonresident
___ Intro to Nature Camp (4yrs.)	June 27-July 1	9-10AM	\$15.00	\$30.00
___ My 1st Nature Camp(5-6yrs.)	June 27-July 1	10:30-11:30AM	\$15.00	\$30.00
___ Nature Camp (7-8yrs.)	June 27-July 1	12:30-2PM	\$15.00	\$30.00
___ Environmental Adventure Camp I (9-10yrs.)	June 27-July 1	2:30-4:30PM	\$15.00	\$30.00
___ Environmental Adventure Camp II (11-14)	July 4-8	10AM-12PM	\$15.00	\$30.00

If you are a Kelleys Island Audubon Club Member you will receive a Nature Camp discount!

KIAC Membership Level _____

Amount discounted \$ _____

Total Amount Enclosed After Discount \$ _____

You have my permission to use photos of my child participating in Nature Camp. NO NAME will be used with online photos of Nature Camp.

___ Kelleys Island Life ___ Kelleys Island School Website ___ Facebook ___ Kelleys School Newsletter

Make checks to Kelleys Island School. Mail to Nature Camp Program PO Box 349 KELLEYS ISLAND, OHIO 43438

Permission Form

I fully understand that the nature of recreational and educational activities associated with Nature Camp includes an inherent risk of danger, which may result in personal injury or harm to my child. I grant permission for my child to participate in the program and activities of Nature Camp at the Bay, and I agree to indemnify and hold harmless the Kelleys Island School and Field Station, its staff, directors, employees, Agents and/or representatives from any claim for any injury or damage which may result from my child's attendance at and participation in the Nature Camp at the Bay. I authorize emergency medical treatment if none of the above-named emergency contact persons can be reached at the time of an emergency.

Signature of Parent/Guardian _____ Date _____

