



DILLON NATURE CENTER
summer
adventure
camp



DILLON nature center
HUTCHrec



For youth who have completed kindergarten through 6th grade during the 2018-19 school year. Scholarships available for campers who qualify.

Each camp session runs Monday through Friday from 9 a.m.-3 p.m. 4th-6th graders have a camp-over on Thursday night. For kindergarteners: Campers must have turned five years old on or before Sept. 1, 2018.

2019 CAMP DATES

K-3rd Grades: (completed in Spring 2019)

FEE: \$82/DNC Member: \$73.80

#2220.301: June 3-7

#2221.301: June 17-21

#2222.301: June 24-28

#2223.301: July 8-12

4th-6th Grades: (completed in Spring 2019)

#2224.301: June 10-14

(Fee: \$93/DNC Member: \$83.70)

#2225.301: July 1-5 - no camp on July 4

(Fee: \$82/DNC Member: \$73.80)

THE WEEK INCLUDES:

- Canoeing
- Nature Studies
- Art & Craft Projects
- Fishing
- Archery
- Games
- Camp-out (4th-6th grades)
- And Much More!

Celebrating 48 years of outdoor fun and exploration!

REGISTER IN PERSON at 3002 E. 30th Ave, Hutchinson KS 67502

For more information, call (620) 663-7411 or visit dillonnaturecenter.com.

Last Name: _____ Camp Dates: _____



Registration Form

Camper Information

Camper's Name: _____ Gender: _____ DOB: _____

Grade (as of Spring 2019) _____ School: _____

Address: _____ City: _____ Zip: _____

Registration Code Number(s) and Camp Date(s) Attending (refer to front page)

Parent/Guardian Information

First Parent/Guardian Name: _____

Address (if different): _____ City: _____ Zip: _____

Mobile/Primary Phone: _____ Work Phone: _____

Email address: _____

Second Parent/Guardian Name: _____

Address (if different): _____ City: _____ Zip: _____

Mobile/Primary Phone: _____ Work Phone: _____

Email address: _____

Emergency Contact Information (other than parents)

Name: _____ Relationship to Child: _____

Address: _____ City: _____ Zip: _____

Mobile/Primary Phone: _____ Secondary Phone: _____

Email address: _____

FOR OFFICE USE ONLY

Amount Enclosed _____ Date Paid _____ HRC Receipt # _____ Check # _____

Credit Card # _____ Visa - or - MasterCard _____ Exp Date _____

Last Name: _____ Camp Dates: _____



Authorization for Pick-Up

List individuals authorized to pick child up from Adventure Camp.

#1 Name: _____
Relationship to Child: _____
Address _____ City _____
Mobile Phone _____ Secondary Phone _____

#2 Name: _____
Relationship to Child: _____
Address _____ City _____
Mobile Phone _____ Secondary Phone _____

#3 Name: _____
Relationship to Child: _____
Address _____ City _____
Mobile Phone _____ Secondary Phone _____

I authorize the individuals listed to pick my child up from Dillon Nature Center's Summer Adventure Camp during the dates listed above.

_____ Date _____

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Last Name: _____ Camp Dates: _____



Camper Health History Form

Camper's Name: _____ Gender: _____ Birthdate: _____

Dates Attending Camp: _____

Please check any of the following conditions or difficulties that affect your child

- | | |
|--|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Dizziness from exercise |
| <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Frequent Sore Throats/Colds |
| <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes |

Other physical condition(s) (please describe)

Emotional/Behavior (please describe)

Allergies (please circle)

Hay Fever Insect Bites Penicillin Other: _____

Foods (please list allergy and severity)

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Last Name: _____ Camp Dates: _____



Release & Waiver Form

RELEASE: I understand that injuries are a natural part of many recreation activities. In consideration of the permission granted, by the Hutchinson Recreation Commission to participate in above activity, I release the Hutchinson Recreation Commission, its agents and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against it and other above-described parties, for all personal injuries known or unknown which has or may incur by participating in the above-described activity.

MODEL RELEASE: The undersigned and participant authorize the HRC to use at its discretion any photograph(s) and/or video(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s), video(s), or reproductions thereof.

MEDICAL RELEASE: In case of a medical emergency and I cannot be contacted, I give my permission for a HRC representative to act in my place and to make medical decisions concerning emergency treatment for the participant.

CONDUCT: The undersigned and participant agree to abide by all policies and guidelines set forth by the HRC regarding this program and violations could result in being expelled from activity with no refund. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Printed Name _____

Signature _____ Date _____

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Need-To-Knows

Keep this sheet as reference on need-to-knows for Adventure Camp.

LOCATION: Dillon Nature Center is located about 1/2 block east of K-61 Highway, on the north side of 30th Ave.

CAMP HOURS: Monday-Friday, 9 a.m. to 3 p.m. unless otherwise noted. (Drop-off times start at 8:45 a.m.; pick-up is at 3 p.m.)

DROP-OFF: Proceed up the road to the parking lot area, but do not park in the lot. Camp staff will direct you to the proper location for unloading and will guide your child to the proper location.

PICK-UP: Stop to sign out your child with camp staff before proceeding to pick-up location as directed. If you need to pick up your child early or a different person will be picking them up, please inform the camp director in writing. All late arrivals or early pick-ups must be done at the reception desk in the Visitor's Center.

WEATHER CONDITIONS: Camp will be held even in rainy, cold, or hot weather. We will do alternate indoor activities in very extreme weather. If there is sufficient warning for severe storms, please pick up your child as early as possible. If the storm is already here, we will take your child to our tornado shelter area in the Visitor's Center.

LUNCH: Each camper needs a sack lunch (refrigeration is not available). Campers may bring their own drinks or buy them at camp (sport drinks are available for \$2.25 in the machine).

CLOTHING: Comfortable play clothes are recommended. Campers should be dressed for the weather and wear closed-toed shoes. Bring a sweatshirt or jacket for cool days and a rain jacket or poncho in case of rain.

SUGGESTED ITEMS CAMPERS BRING: Hat, sunblock, sneakers (children must wear shoes at all times; sandals /flip flops should not be worn), fishing poles (optional), bait (corn or hot dogs), water bottle, and insect repellent.

WHAT NOT TO BRING: Cell phones, radios, iPods or MP3 players, electronic games or devices, watches, rings, knives, "rocket pole" fishing rods, etc. (Campers will be 100% responsible for all personal items)

MARKING PERSONAL ITEMS: Lunch sacks and boxes, coolers, fishing poles, tackle boxes, etc. should all be marked with your child's name. For the overnight camp-overs, also mark sleeping bags, tents, etc.

CAMP-OVER (for 4th-6th graders): An evening supper and the next day's breakfast and lunch are provided. More information about this optional camp-over will be given to your child after camp starts.

CANOEING: Canoeing will only be done when weather conditions allow it to be done safely. Children always wear life jackets.

REGISTER IN PERSON at 3002 E. 30th Ave, Hutchinson KS 67501

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