



DILLON NATURE CENTER  
summer  
adventure  
camp



# Preschool Camp Registration Packet SUMMER 2021

## *Our popular Adventure Camp designed for Preschoolers!*

**Ages:**

For children ages 3 to 5 years old. Children must be at least 3 years old and potty-trained by the first day of camp.

**Fee:**

\$65/DNC Member: \$55

*Thanks to the Beech Edwards Foundation, scholarships are available for youth who qualify. For more information, contact John Gallagher, superintendent of Dillon Nature Center, at [jgallagher@hutchrec.com](mailto:jgallagher@hutchrec.com) or (620) 663-7411.*

**Camp Dates:**

Each session runs Monday through Friday, 9 a.m. to 12 p.m.. at Dillon Nature Center. Camp is limited to a maximum of 12 participants per session.

- Session 1: July 19-23 (Registration Deadline: July 16)
- Session 2: July 26-30 (Registration Deadline: July 23)

Camper Name: \_\_\_\_\_

# DNC Preschool Adventure Camp: Registration Form

## Account Holder Information

Primary Account Holder (Payor/Adult): \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female

Additional Account Member (Must be adult): \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female

Main Phone Number: \_\_\_\_\_ Mobile / Home / Work Mobile Carrier: \_\_\_\_\_

Email Address (required and used for online account): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

## Camper Information

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female

Address (if same as above, leave blank): \_\_\_\_\_  
(Street) (City) (Zip)

Circle/Select Session of Preschool Adventure Camp:

Session 1: July 19-23

Session 2: July 26-30

## 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.

List any medical/physical conditions or food allergies, if any: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR OFFICE USE ONLY

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ -OR- Visa / MC / AmEx CC#: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Camper Name: \_\_\_\_\_

# DNC Preschool Adventure Camp: Health History Form

Camper's Name: \_\_\_\_\_ Male / Female DOB: \_\_\_\_\_

Circle/Select Session of Adventure Camp:

Session 1: June 7-11      Session 2: June 14-18      Session 3: June 21-25      Session 4: June 28-July 2      Session 5: July 12-16

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

Frequent Ear Infections

Epilepsy

Heart Defect/Disease

Infectious Disease

Convulsions/Seizures

Dizziness from exercise

Skin Problems

Frequent Sore Throats/Colds

Frequent Headaches

Asthma

High Blood Pressure

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)

Camper Name: \_\_\_\_\_

## **DNC Preschool Adventure Camp: Emergency Contact & Pick-Up**

### **Emergency Contact Information (other than parents)**

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

Main Phone Number: \_\_\_\_\_ Mobile / Home / Work Mobile Carrier: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

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

Main Phone Number: \_\_\_\_\_ Mobile / Home / Work Mobile Carrier: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

### **Authorization for Pick-Up**

*Please list all persons authorized to pick up the child. **Please include the names of the PARENTS who are authorized to pick up the child.** No one will be allowed to pick up the child unless they are on this form. Photo ID will be required at the time of pick up. Children must be signed out by the person picking up the child.*

#### **Individual #1:**

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

Main Phone Number: \_\_\_\_\_ Mobile / Home / Work Mobile Carrier: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

#### **Individual #2:**

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

Main Phone Number: \_\_\_\_\_ Mobile / Home / Work Mobile Carrier: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

#### **Individual #3:**

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

Main Phone Number: \_\_\_\_\_ Mobile / Home / Work Mobile Carrier: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

#### **Individual #4:**

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

Main Phone Number: \_\_\_\_\_ Mobile / Home / Work Mobile Carrier: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)