2024 Summer Camp Registration Forms

Parent/Guardian Information			
Last Name/s:	First Name/s:		
Address:			
City:	State:	Zip Code:	
Phone:	Email*:		
Are you a member of the Douglas-Hart Nature Center?	Yes	No	

Add up all the camp fees below and	\$ Total Camp Fees:		
Would you like to purchase a camp T-shirt? (Write in quantity for each below) Youth: XS S L Adult: S L XL *Sizes are limited quantity - if your size(s) is no longer available. You canother size or receive a refund.	T-Shirt Fee: (\$10/M) (\$12/NM)		
Full payment is due at the time of registration. Cash, check, or credit card accepted. To pay by cash or check, stop by the Douglas-Hart Nature Center, 2204 Dewitt Ave. E., Mattoon, IL 61938. To pay with a credit card (Visa, M/C, or Discover) use the form below, stop by the Nature Center, or call the Nature Center at 217-235-4644.		TOTAL AMOUNT DUE:	
Name on card: Credit Card #:			
Expiration Date: Security Code:		Billing Zip Code:	
Office Use Only:			
Payment: Date:	Type of Payment: 🗅 Cash	Check Credit Card	

Child's Name:	Last Grade Completed (as of May 2024):
Please list each summer camp title child is enrolling in:	Camp Fees:

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Please list additional camps/children on a separate sheet of paper.

Parent/Guardian Contact Information				
First Name(s):				
Relationship with Child (parent, guardian, etc.):				
Address:		City:		
		State:		Zip Code:
Email:		Home Phone Number:		
Work Phone Number: Cell Phone		Number:		
	ency Contact			
Name of emergency contact other than pare	ent/guardian:			
Relationship to Child:	Emergenc	y Cell Phone Numb	oer:	
Name of emergency contact other than par	ent/guardian:			
Relationship to Child:	Emergenc	y Cell Phone Numb	oer:	
A	oproved Pick-	Up List		
Please list individuals that have permission to pick up your children other than the parent(s)/guardian(s).				
	hoto Consent			
I hereby consent to and authorize the use and reproduction by Douglas-Hart Foundation, or anyone authorized by Foundation, of photographs taken of me and/or my child/ren participant/s for any purpose without compensation to me. All photographs are owned by the Douglas-Hart Foundation and reserves the right to use these photographs for any of its purposes in print or electronic publications, for marketing, media, or retail.				
Signature:			Date:	
	Liability Wa	iver		
	•		anize th	at the activities at
Douglas-Hart Nature Center may involve physical and outdoor activity. I grant permission for minor/s to participate in all activities at Douglas-Hart Nature Center. Should any programs occur off-site, such as in a field trip, special permission slips will be required in order for a child to use transportation, such as a van, canoe, or other conveyance, for such activities. In consideration of the Douglas-Hart Nature Center to participate in its activities, I assume all risks and hazards incidental to such participation, including risk of serious injury to the minor/s, and do hereby waive minor's behalf and all claims relating to such participation against the Douglas-Hart Foundation, Board, staff, volunteers and other participants. The Douglas-Hart Nature Center or its representative has my permission, in an emergency where I cannot be located immediately, to transport my child at my expense to the emergency room or the nearest hospital. The hospital staff has permission to provide treatment which is deemed necessary for the well being of my child.				
Signature:			Date:	

Child 1		
First Name:	Last Name:	
Nickname (if applicable):	□ Male □Female □Other:	Date of Birth:
If your child has individual needs that will in information to ensure a positive and succes child: Food Allergy Medication Allergy Seasonal Allergy Physical Disability Developmental Disability Prescribed Medication 504 Plan or IEP at school		
Please elaborate and explain any options s	elected above to helf	o our staff best provide care for your child.

Child 2			
First Name:	Last Name:		
Nickname (if applicable):	□ Male □Female □Other:	Date of Birth:	
If your child has individual needs that will impact their camp experience, please be forthcoming with that information to ensure a positive and successful experience for all. Please select any that apply to your child: Food Allergy Medication Allergy Seasonal Allergy Physical Disability Developmental Disability Prescribed Medication 504 Plan or IEP at school			
Please elaborate and explain any options se	elected above to help	o our staff best provide care for your child.	

Child 3		
First Name:	Last Name:	
Nickname (if applicable):	□ Male □Female □Other:	Date of Birth:
If your child has individual needs that will impact their camp experience, please be forthcoming with that information to ensure a positive and successful experience for all. Please select any that apply to your child: Food Allergy Medication Allergy Physical Disability Developmental Disability Prescribed Medication 504 Plan or IEP at school		
Please elaborate and explain any options se	elected above to helf	o our staff best provide care for your child.

Child 4			
First Name:	Last Name:		
Nickname (if applicable):	□ Male □Female □Other:	Date of Birth:	
If your child has individual needs that will impact their camp experience, please be forthcoming with that information to ensure a positive and successful experience for all. Please select any that apply to your child: Food Allergy Medication Allergy Seasonal Allergy Physical Disability Developmental Disability Prescribed Medication 504 Plan or IEP at school			
Please elaborate and explain any options selected above to help our staff best provide care for your child. If you have additional children, please attach another paper or form with the information requested.			
Office Use			
Entered Into Fundly:	Staff Initials	Dote:	