



Creasey Mahan Nature Preserve 2010 NATURE CAMP Registration Form July 12 – 15, 2010

Camper's Name: _____ Age: _____

Parent's/Guardian's Name: _____

Address: _____

City: _____ Zip Code _____

Phone #: _____ Email: _____

----- Please Use Separate Form for Each Camper -----

Please Circle . . .

Camper Health History:

Asthma Diabetes Fainting spells Convulsions Heart trouble
Allergic reaction to any medication, food or other Sport restrictions

Does Camper have any difficulty with the following:

Eyes Ears Nose Throat Lungs If yes, please specify: _____

Allergies: Bees Peanuts Grass/Pollutants Food Allergies

If yes, please specify: _____

Please list any other information that would be important for the Staff to know:

T-Shirt Size – please circle choice: Youth S M L Adult S M L

Emergency Contact Information:

Name: _____ Relationship: _____

Phone #: _____ Cell #: _____

Cost: \$120.00 1st & 2nd Camper; \$100.00 Each Additional Sibling/Camper

Deposit: \$50.00 per camper required at registration. Deposit not refundable after July 1, 2010.

Method of Payment : ___ CASH ___ CHECK **Total Paid:** \$ _____

Mail To or Drop Off Deposit/Registration To:

Creasey Mahan Nature Preserve, Att: Nature Camp, 12501 Harmony Landing Road, Goshen, KY 40026

Have questions? Call: 502-228-4362 or Email: patty@KyNaturePreserve.org

Assumption of Risk/Media Release...Please read and sign:

I understand and am aware that my child will be participating in many physical activities and the potential for accidents does exist. I indemnify and hold harmless Creasey Mahan Nature Preserve, its agents, associates, staff and board of directors from any and all liability, claims, damage, injury or illness sustained by my child. I also agree that Creasey Mahan Nature Preserve may photograph and/or record video of my child for use in promotional materials.

Parent/Guardian Signature: _____ Date: _____