



2021 River Bend Nature Center

www.RiverBendRacine.org · 3600 N Green Bay Rd. Racine, WI 53404 · (262) 639-1515

Summer Nature Camp Registration

Child's Name: _____ D.O.B.: _____ Age: _____

Parent/Guardian's Name(s): _____ Relationship: _____

Address: _____

Home Phone: () _____ Cell #/Work #: () _____

Email (required): _____

Camps for Ages 4-6	8am-1pm	Member	Non-Member	Subtotal
June 21-25	Puddle Stompers	\$160	\$175	_____
July 5-July 9	Little Naturalists	\$160	\$175	_____
Camps for Ages 7-9				
	8am-1pm			
June 14-18	Tall Oaks Camp	\$160	\$175	_____
June 21-25	Pioneer Camp	\$160	\$175	_____
June 28-July 2	Diggers, Drillers, & Builders	\$160	\$175	_____
July 5-9	Frontier Camp	\$160	\$175	_____
July 12-16	River Week	\$160	\$175	_____
July 19-23	Tenacious Trekkers	\$160	\$175	_____
July 26-30	Skulls, Skins & Scat	\$160	\$175	_____
August 2-6	River Week	\$160	\$175	_____
August 9-13	Ranger Camp	\$160	\$175	_____
Camps for Ages 10-13				
	8am-1pm			
June 14-18	Wilderness Survival	\$160	\$175	_____
June 21-25	Bushcraft Camp	\$160	\$175	_____
June 28-July 2	Wilderness Survival	\$160	\$175	_____
July 5-9	Survivor: Big Woods	\$160	\$175	_____
July 12-16	Bushcraft Camp	\$160	\$175	_____
July 19-23	Eco Science Camp	\$160	\$175	_____
July 26-30	Survivor: River Challenge	\$160	\$175	_____
August 2-6	Bushcraft Camp	\$160	\$175	_____
August 9-13	Ramblin' Rivers	\$160	\$175	_____

Please Circle Your Option Below

Will you need extended camp?
1p-5:30p: \$80 per week, \$5/hr.

Week Hourly No, Thank You

Total Payment: \$ _____

A limited number of scholarships are available for campers.

Please contact River Bend for eligibility requirements and availability!

River Bend Nature Center

2021 Summer Medical Form

This form must be submitted for each child on or before his or her first camp day in order to participate. These forms only need to be submitted once per summer unless any information changes. All fields must be filled in, even if just listing not-applicable. This form is required for all participants. *Without this information we will not know of your child's unique needs or the proper treatment / actions needed.*

General Information

Child's Name _____ Date Of Birth _____ Gender _____
Primary Address _____ City / State / Zip _____

Emergency Contact Information

Primary Emergency Contact _____ Relationship _____
Daytime Phone _____ Alternate Phone _____
Primary Email _____
Secondary Emergency Contact _____ Relationship _____
Daytime Phone _____ Alternate Phone _____
Primary Email _____

Medical History & Special Considerations

Check any special medical conditions that your child may have

- No specific medical condition
- Asthma
- Any disorder including Cognitive, LD, ADD, ADHD, or Autism
- Other condition(s) requiring special care – please specify _____
- Food Allergies – please specify _____
- Non-Food Allergies – please specify _____
- Triggers that may cause problems – please specify _____
- Signs or symptoms to watch for – please specify _____
- When to call parents regarding symptoms? _____

Sunscreen / Insect Repellent Authorization

If authorizing reapplication of sunscreen or insect repellent (other than Deep Woods Off), the sunscreen or insect repellent shall be provided by the parents and labeled with the child's name.

Yes No I authorize River Bend staff to apply sunscreen that I am providing to my child.

Yes No I authorize River Bend to allow my child to self-apply sunscreen.

Yes No I authorize River Bend staff to apply onsite insect repellent (Deep Woods Off!) to my child.

Yes No I authorize River Bend staff to apply onsite insect repellent that I am providing to my child.

Yes No I authorize River Bend to allow my child to self-apply insect repellent

Additional Authorized Pick-Up

Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

Consent and Emergency Authorization

My child may receive medical attention at my expense, should he/she become ill or injured while in the programs at River Bend Nature Center. I hereby authorize River Bend personnel to seek such emergency treatment and I authorize the attending physician or hospital to administer such treatment as is therapeutically necessary on the basis of the findings. I understand that the medical fees associated with this will be charged to me.

Parent / Guardian Signature _____ Date _____



Emergency Medical Authorization, Youth Waiver & Release of Liability

In consideration of being allowed to participate in any way in River Bend Nature Center related events and activities, the undersigned:

1. The parent(s) acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Release, waive, discharge and covenant not to sue River Bend Nature Center, their respective administrators, directors, agents and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, illness, damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
3. All photos taken by River Bend Nature Center can be potentially used in advertising and marketing. No child will be identified by name without the permission of the legal guardian.

I HAVE READ THE ABOVE MEDICAL AUTHORIZATION, WAIVER, AND RELEASE, AND UNDERSTAND MY RIGHTS BY SIGNING IT AND SIGN VOLUNTARILY.

Student Name: _____

Date: _____ Signed: _____

Related to Student: _____

Emergency Phone: _____

River Bend Nature Center