

2025 Kettle Creek Get in Touch with Nature Day Camp Application Form

Camper Name: _____ Sex: M ___ F ___ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone#: _____ Camper Date of Birth: _____ Age during camp: _____
Guardian 1 Name: _____ Relationship _____ Phone#: _____
Guardian 2 Name: _____ Relationship _____ Phone#: _____
Primary Email: _____ Secondary email: _____
Other emergency contact: _____ Phone#: _____
Family Doctor: _____ Phone #: _____
Insurance Company: _____ Policy #: _____
Is the camper allergic to anything? _____ If yes, explain: _____
Is the camper taking medication? _____ If yes, explain: _____
Other medical notes: _____

Please list any dietary needs: _____

Do we have permission to use pictures of your child for publicity purposes? Yes No

Camp Week: *Choose **ONE** only June 16th – 20th July 28th – August 1st August 4th-8th

Late pickup is offered at an additional cost of \$10 per day until 6pm. Please note dates/times late pickup is needed:

Monday Time: _____ Tuesday Time: _____ Wednesday Time: _____ Thursday Time: _____ Friday Time: _____

Camp Fee: \$180 + Late Pick Up Fee (\$10 per day) _____ = \$ _____ **Total**

PLEASE MAKE CHECKS PAYABLE TO MCCD. Refunds will only be given if notice is made to MCCD at least 7 days prior to program.

Signing this application releases the Monroe County Conservation District (MCCD) and Monroe County from all claims for accidents/injuries incurred by the applicant in the normal course of instruction. Signed parents/guardians also agree that, in the event of camper injury/illness, if the parent/guardian cannot be contacted, that parent/guardian gives permission to the MCCD Staff to obtain competent medical assistance.

GUARDIAN SIGNATURE _____ **DATE** _____

My typed name has the same force and effect as my written signature.

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Address: _____ City: _____ State: _____ Zip: _____

Home Phone#: _____ Camper Date of Birth: _____ Age during camp: _____

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Guardian 2 Name: _____ Relationship _____ Phone#: _____

Primary Email: _____ Secondary email: _____

Other emergency contact: _____ Phone#: _____

Family Doctor: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Is the camper allergic to anything? _____ If yes, explain: _____

Is the camper taking medication? _____ If yes, explain: _____

Other medical notes: _____

Please list any dietary needs: _____

Do we have permission to use pictures of your child for publicity purposes? Yes No

Camp Week: *Choose ONE only June 16th – 20th July 28th – August 1st August 4th-8th

Late pickup is offered at an additional cost of \$10 per day until 6pm. Please note dates/times late pickup is needed:

Monday Time: _____ Tuesday Time: _____ Wednesday Time: _____ Thursday Time: _____ Friday Time: _____

Camp Fee: \$220 + Late Pick Up Fee (\$10 per day) _____ = \$ _____ **Total**

PLEASE MAKE CHECKS PAYABLE TO MCCD. Refunds will only be given if notice is made to MCCD at least 7 days prior to program.

Signing this application releases the Monroe County Conservation District (MCCD) and Monroe County from all claims for accidents/injuries incurred by the applicant in the normal course of instruction. Signed parents/guardians also agree that, in the event of camper injury/illness, if the parent/guardian cannot be contacted, that parent/guardian gives permission to the MCCD Staff to obtain competent medical assistance.

GUARDIAN SIGNATURE _____ DATE _____