



## Winter Camp Registration

### Participant Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Please select the Camp you'd like to participate in:

### Cost/Camp

#### Grades 1-2

Nature Mysteries	<input type="checkbox"/>	Jan 2	\$60
Tracking & Survival Skills - A	<input type="checkbox"/>	Jan 3	\$60
Tracking & Survival Skills - B	<input type="checkbox"/>	Jan 4	\$60

#### Grades 3-5

Nature Mysteries	<input type="checkbox"/>	Jan 2	\$65
Tracking & Survival Skills - A	<input type="checkbox"/>	Jan 3	\$65
Tracking & Survival Skills - B	<input type="checkbox"/>	Jan 4	\$65

### Would you like to enroll in Before &/or After Care?

	<u>Jan 2</u>	<u>Jan 3</u>	<u>Jan 4</u>	<u>All 3 camps</u>
Before Care (7:15-9:00 am)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$30
After Care (4:00-6:00 pm)	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$10	<input type="checkbox"/> \$30
Both Before & After Care	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20	<input type="checkbox"/> \$60

### Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### 2<sup>nd</sup> Parent/Guardian (optional)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### Emergency Contact Information (if different from Parent/Guardian)

Emergency Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Emergency Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Health Information

Please list any health issues that we should be aware of (allergies, medications, etc.):

Does your child have any dietary restrictions?  No  Yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I give my permission for the Environmental Learning Center staff to provide first aid for the child named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Clackamas Community College, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.*

Yes

We will ask you to fill out a "Medical Release Form" for any medications that need to be administered during the duration of your child's participation in an Environmental Learning Center Camp. We have the following medications on-site and in our first aid kits which are used to manage injury or illness.

Please check the medications that your camper **CANNOT** be given

Ibuprofen (Advil, etc.)

Acetaminophen (Tylenol, etc.)

Oral antihistamine (Benadryl/Zyrtec)

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

## Photo/Video Permission

*I hereby give permission to Clackamas Community College to use photos or videos of my child in publications, websites, social media or other promotional materials. I understand that I will receive no compensation and that this permission is binding.*

Check here if you do **NOT** grant photo/video permission

You will automatically be signed up to receive emails about our future camp offerings.

Check here if you do **NOT** wish to receive emails

## Optional Information

How did you hear about us?

Newspaper \_\_\_\_\_ (which one?)

Website  Facebook  ELC Newsletter  Word of mouth  Other \_\_\_\_\_

Clackamas Community College collects demographic information on our program participants. With which race(s)/ ethnicity(s) does your child identify?

American Indian/Alaska Native  Asian/Pacific Islander  Black/African American  Hispanic

Middle Eastern  Slavic or Russian  White  Other

*The Parent/Guardian of the participant acknowledges the known and unknown dangers and hazards inherent with the activities, travel and transportation arising from participation in Environmental Learning Center camps. Furthermore, Parent/Guardian agrees to indemnify and release Clackamas Community College, its employees, volunteers, elected or appointed officials against any loss or expense including attorney fees resulting from bodily injury, property damage, or personal injury arising out of any and all activities associated with the participant's participation in Environmental Learning Center camps.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment:  Check included  Paid Online

Please email your signed registration form to [alena.schnarr@clackamas.edu](mailto:alena.schnarr@clackamas.edu), or mail it along with payment to the address below.

Environmental Learning Center  
Clackamas Community College  
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