

# DPNC 2010 Summer Camp Registration

Denison Pequotsepos Nature Center, 109 Pequotsepos Road, PO Box 122, Mystic, CT 06355 - fax 860-536-2983

Please use a separate form for each child. Forms available at DPNC, at www.dpnc.org, and by photocopy.

Non-member Registration available after March 16. Memberships available today.

One form per child, please.

Child's name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
LAST NAME FIRST NAME  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering in the Fall \_\_\_\_\_  
MM DD YY  
 Name of Parent or Legal Guardian \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
 Email Address \_\_\_\_\_  I wish to be added to DPNC's e-Newsletter list  
Required for registration purposes  
 Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_  
other than Parents

Med Form EXAM DATE

LAST

FIRST

Membership Expiration Date

OFFICE USE ONLY

Each camper will receive 1 t-shirt per summer. We cannot guarantee shirt sizes and shirt sizes are running extremely large this summer  
 Please select size: Youth XS (6) S (8) M (10) L (12-14)  
 Adult S M L XL

Pre and After Camp is available to help with busy schedules.  
 Kids engage in games, pond dipping, and an After Camp snack to extend the fun.

Session Name <small>(Ducklings, Chipmunks, Owlets, Salamanders, Explorers, etc.)</small>	Week #	Cost	PreCamp	AfterCamp	Ext.
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

I would like to benefit from the member price by purchasing a family membership (\$50) ..... \$ \_\_\_\_\_  
 I would like to help Sponsor a Child for Summer Camp..... \$ \_\_\_\_\_

Multi-week discounts. (See description below.) **TOTAL \$** \_\_\_\_\_  
 Registration is required for all sessions including Pre and After Camp

If your child wishes to be placed with one other child, please note here. We will try to accomodate your request; however, placements cannot be guaranteed.

\_\_\_\_\_

**Last Name First Name MI**

OFFICE USE ONLY

I understand that camp involves some measure of risk.

X \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S SIGNATURE IS REQUIRED FOR ENROLLMENT**

**Multi - Week Discount!**  
 Individual participants who register for more than one week of camp will pay full price for their first week and will then receive a \$10 discount on each additional week of camp.

- Registration Check List**  
 For camp registration, we need:
- one completed & signed registration form per child
  - a recent health exam form
  - Administration of Medicine form (if applicable)
- (All forms available at www.dpnc.org/summer\_camp.html)

MAIL or FAX this form with payment to:  
 DPNC, P.O. Box 122, Mystic, CT 06355 or call 860-536-1216 or fax 860-536-2983

I have enclosed a check payable to "DPNC"  
 Please charge my MasterCard/Visa # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_ - \_\_\_\_ CVV \_\_\_\_\_

(over)

The Denison Pequotsepos Nature Center strives to operate the best Summer Camp possible and works with the state of Connecticut as a state certified camp. The health, discipline, and medication policies below reflect this commitment.

Please read these policies and sign below.

**SAFETY**

I understand that nature is unpredictable and holds a large amount of risk that could lead to serious injury or even death. I agree to indemnify and hold harmless for any and all claims connected with participation in any activity that is in any way connected with camp

Init. \_\_\_\_\_

**DISCIPLINE**

At any time during camp I understand that Summer Nature Camp has the right to expel any child who in the camp director's sole judgment is disruptive, disrespectful or jeopardizes his or her own safety, other camper safety or staff safety. In addition Summer Nature Camp has the right to expel any child whose parents or guardians, in the camp director's sole judgment, make unreasonable demands upon the camp. No refunds or credits will be given for a child expelled from camp.

Init. \_\_\_\_\_

**MEDICATION**

If my child requires any prescription or non-prescription medication, including epi-pens, I understand I must provide all forms properly filled out and signed and the medication labeled and in its original container. If it is not done properly then I understand that the medication (including epi-pens) can not be in camp and, if necessary, the child will be sent home. No special refunds or credits will be given for any camp missed because of this.

Init. \_\_\_\_\_

**FIELD TRIPS**

(Salamanders, Explorers, Young Naturalist, Adventurers and Themed Camps)  
I give permission for my child to go on any fieldtrips and understand they will be traveling by 15 passenger van, mini-van or school bus. If my child is 6 years old or younger or weighs less than 60 lbs I understand I must supply a booster seat.

Init. \_\_\_\_\_

**EMERGENCY AUTHORIZATION**

In the event of a medical emergency, I give DPNC staff full permission to authorize any emergency medical treatment needed.

Init. \_\_\_\_\_

**HEALTH / KI PERMISSION**

I understand I must provide my child's most recent medical record (not more than 3 years old). I also understand I must sign the KI (potassium iodide) permission section below. If I do not have these forms turned in by the start of camp I understand my child will not be allowed to stay in camp and no refunds or credits will be given.

Init. \_\_\_\_\_

**FEES / TRANSFER / CANCELATION / MISSING CAMP POLICY**

Member prices apply for members who are current during the camp session offered. Full payment is due upon registration. If you modify your initial enrollment (e.g. transfer to another session or substitute one camper for another) a \$15 transfer fee is required. Cancellations will be accepted two weeks before the start date of any session, and a 15% service charge will be deducted from any refund. If you need to cancel within two weeks of any camp, no refund will be given unless the camp session is full and your child's space can be filled. No refund or credit will be given for camp days missed.

Init. \_\_\_\_\_

**PHOTOGRAPHY RELEASE**

I grant permission for the Nature Center to photograph my child and use the images for educational and promotional purposes to assist the organization in informing its members, the press and general public about its work. I give this permission without fee or limitation.

Init. \_\_\_\_\_

**POTASSIUM IODIDE (KI) FACT SHEET AND PERMISSION**

The State of Connecticut is making Potassium Iodide tablets (KI) available to child care facilities and youth camps within the 10-mile emergency-planning zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance that you might be exposed to a harmful amount of radioactive iodine. In the rare event of a nuclear emergency, your child care provider will be directed when to administer KI through the Emergency Alert System (EAS). Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine. Your childcare program or youth camp must obtain your written consent in order to administer KI pills to your child/children. Please remember that the administration of KI to your child under these emergency conditions is voluntary.

**Contraindications:**

- Your child should not take Potassium Iodide if he/she is allergic to iodine.
- Your child should not take Potassium Iodide if he/she has chronic hives.
- Although a single tablet of KI should be tolerated by most people, some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:
  - Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives,
  - Autoimmune thyroid disease, such as Graves disease.

**Potential side Effects:**

Please consult with your pediatrician if your child experiences a minor upset stomach or rash.

Init. \_\_\_\_\_

Please indicate your authorization or refusal by marking the appropriate box below:

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

YES, I want my above named child to be administered KI by my provider when: The Governor declares a nuclear emergency, AND individuals in specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets AND I understand that the ingestion of Potassium Iodide (KI) under these circumstances is voluntary.

NO, I do NOT want my above named child to be given Potassium Iodide (KI) by my provider in the event of a nuclear emergency. I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.