



**CAMPER INFORMATION FORM**  
**(Fill out one form per camper & Return to NCNC by May 21<sup>st</sup>)**

144 Oenoke Ridge  
 New Canaan, CT 06840  
 Tel (203) 966-9577 Fax (203) 966-6536  
[www.NewCanaanNature.org](http://www.NewCanaanNature.org)

**Age Group (please check one):**

- Age 3                       Ages 8-9  
 Ages 4-5                 Ages 10-12  
 Ages 6-7                 Ages 12-15

**First day of camp date:** \_\_\_\_\_

**Camper information:**

|   |                                |
|---|--------------------------------|
| Camper's Name:  |                                |
| DOB:    /    /  | Grade Entering:    Sex: B    G |
| Is this child currently enrolled in BNP (Beginner's Nature Program) at the Nature Center?                      Y    N |                                |

**Contact information:**

|                            |
|----------------------------|
| Parents'/Guardians' Names: |
| Home Telephone:            |
| Home Address:              |
| City/State/Zip:            |
| Daytime Phone (1):         |
| Daytime Phone (2):         |
| E-mail address:            |

**Emergency information:**

|   |
|---|
| <i>Emergency contacts (authorized to remove child from premises):</i> |
| 1) Name:  |
| Daytime Phone:  |
| 2) Name:  |
| Daytime Phone:  |

|                           |
|---------------------------|
| Child's Doctor:           |
| Office Phone:             |
| Health Insurance Carrier: |
| Insured's name:           |
| Policy or Group #:        |

**VERY IMPORTANT:** Please list any known allergies, medications, physical limitations, special needs, emergency medical information or anything else we should know about your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAR POOL PERMISSION:** Your child will only be allowed to leave camp with authorized names above or those listed below. Any changes or additions must be given in writing to your child's teachers. Please list babysitters, car pool partners and any friends or relatives you anticipate may pick up your child. **Parents, guardians and emergency contacts already listed above DO NOT need to be listed again below.**

I hereby grant permission to the New Canaan Nature Center to release my child to the custody of the following:

| Name     | Phone |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

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

**ADVENTURE CAMP FIELD TRIP PERMISSION (Ages 10-12 and Ages 12-15):** Adventure Camp programs for Ages 10-15 include programs and activities that take place away from the Nature Center grounds. Parents are notified in advance of the itinerary of all field trips and overnight excursions, including information on how the children will be transported. In order for your child to participate on these trips, you must sign below.

I grant permission for my child to leave the grounds of the New Canaan Nature Center in order to participate in Adventure Camp programs.

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

**Sign releases and return form to New Canaan Nature Center by May 21, 2010!**

**EMERGENCY RELEASE:** The health information provided on this and the medical/health history form is complete and correct so far as I know. The person described herein has my permission to engage in all camp activities except as noted by me or the examining physician.

In the event of an emergency, I hereby give permission for the staff of the NCNC to administer first aid and/or obtain emergency medical treatment for the child herein described. If my child has been prescribed medication to treat an allergic reaction (including but not limited to an Epi-Pen or inhaler) I hereby give permission for my child to self-administer said medication at NCNC. I understand that every effort will be made to contact me and/or emergency listings. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injection, anesthesia or surgery for the person named above. I understand that, if necessary, this child will be transported by New Canaan Ambulance Corps to Norwalk Hospital. In the case of campers who are away from NCNC grounds, I understand that, if necessary, this child will be transported to the nearest emergency facility. I agree that any cost incurred for transportation and/or treatment will be my responsibility.

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

**PHOTO RELEASE:** I hereby give permission for my child's photograph to be taken while participating in camp activities and to be used in New Canaan Nature Center publications, and for advertising and promotions for the New Canaan Nature Center.

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