

Application Form (one form per child)

Parent's Name: _____

Phone # (H) _____ (W) _____

Address _____

City _____ State _____ Zip _____

Child's Name _____ Age _____

Emergency contact (other than listed above): _____

Phone(W) _____

Phone(H) _____

Send to: Navarino Nature Center, W5646 Lindsten Rd., Shiocton, WI 54170
or register online at www.navarino.org (click on summer camps)

Check which program(s) you are interested in.

<u>Day Camps</u>	
<input type="checkbox"/>	Woodland Fairy Day Camp — June 9th <i>(\$40 Member / \$50 Nonmember)</i>
<input type="checkbox"/>	Pirate Day Camp -- June 23rd <i>(\$40 Member / \$50 Nonmember)</i>
<input type="checkbox"/>	Adventurer Camp— June 28th—30th <i>(\$80 Member/ \$90 Nonmembers)</i>
<input type="checkbox"/>	A Day of Dinos Day Camp- July 7th <i>(\$40 Member/ \$50 Nonmember)</i>
<input type="checkbox"/>	Harry Potter Camp - July 28th <i>(\$40 Member/ \$50 Nonmember)</i>
<input type="checkbox"/>	Bigfoot & Beast—Aug. 12th <i>(\$40 Member/ \$50 Nonmember)</i>

I am enclosing _____

Navarino Nature Center Day/ Summer Camp

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/ activity (including transportation services, when provided.) I recognize and acknowledge that there are certain risks of physical injury to participants in this program/ activity, and I voluntarily agree to assume the full risk of any and all Injuries, damages or loss, regardless of severity, that my minor child/ward may have (or accrue to me or my child/ ward) as a result of participating in this program/activity against the Navarino Nature Center including officials, agents, volunteers and employees, hereinafter collectively referred to as the Navarino Nature Center. I do hereby fully release and forever discharge the Navarino Nature Center from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Participation will be denied if the signature of

Parent/ Guardian or participant and date are not on this waiver.

By signing this form, I, as parent/guardian, permit Navarino Nature Center to use pictures of my child(ren) as a program participant in promotional literature, videos, and the Centers website. I understand my child(ren)'s name(s) will not be published.

NOTE: Please sign and turn in to program instructor prior to program.

Participant's Name: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Emergency Phone: _____

Signature (Parent/Guardian if under 18): _____ Date: _____

Navarino Nature Center, W5646 Lindsten Rd., Shiocton, WI 54170

715-758-6999/www.navarino.org