

Dear Parents,

Thank you for registering your child for Summer Camp at River Bend Nature Center! The information provided in the guide will help you and your child prepare for a fun-filled experience at camp. Please make sure to read through the information in this packet carefully.

Included in this packet are the **2017 Camp Forms**. Make sure to fill out these forms completely and return them to River Bend on or before your child's first day of camp.

We look forward to spending the summer exploring and learning with your children! Please don't hesitate to contact us if you have any questions or concerns.

Thank you.

-River Bend Nature Center Staff

Parent Information for River Bend Nature Center Summer Camp

Cost of After Camp:

1:00pm – 5:30pm: \$80 per week

Or \$5.00 per hour

Sign In & Sign Out

Camp times for all camp sessions are:

8:00am – 1:00pm

You may arrive up to **10 minutes prior** to camp start time to sign-in. Registration takes place in front of Ems Cabin.

It is our policy that each camper be signed in every morning and signed out every afternoon. Please make sure that everyone who is authorized to drop off or pick up your child is aware of the need to do this.

When you drop your child off, please list any additional person/s authorized to pick up your child on the daily sign-in sheet. For safety reasons, River Bend staff may ask for identification when picking up campers.

After Camp Option

During after camp hours, children can participate in supervised outdoor games, pond dipping, or just relax after an active day at camp.

Camp Forms

River Bend requires medical forms for all children attending summer camp. These forms include emergency contact information, authorized adults for pick-up, and photo and emergency care permissions. Medical forms are kept on file for the year (June 1 – May 31), so if your child is attending multiple camps, or other programs throughout the year, you only need to submit this once.

Camp Refund Policy

There will be no charge to move registration to a different program. Participant cancellation 2-weeks prior to session: \$25 fee will be charged to receive a refund. No refunds after the program begins. In the case of medical or family emergencies, credits will be given for future programs.

Weather Information

All camps will be held rain or shine, so please be sure your child is dressed appropriately. River Bend does not cancel camps due to inclement weather. In the event of thunder, lightning or other serious weather conditions, all outdoor activities will be moved indoors immediately for the safety of our campers. If rain is in the forecast, we recommend sending your child with a raincoat or change of clothes (no umbrellas, please).

Bugs & Sun

Since your child will be spending time outside, please be sure to apply bug spray and sunscreen to your child prior to camp. You may also choose to send these to camp with your child (please write your name on them). If you wish River Bend staff to reapply or assist in reapplying these to your child throughout the day, please make sure to check the box on the medical form allowing staff to do this for your child. River Bend staff cannot apply these to your child without written authorization. Deep Woods Off! is provided by River Bend.

It is possible that while exploring the habitats of River Bend, your child may come into contact with ticks, mosquitoes or other biting insects, or poison ivy.

Parents/guardians should check their child each night for ticks as a precaution.

Lost & Found

In order to prevent lost items, please label everything with your child's name. At the end of each day, we make an effort to match lost items with their owners. Any unclaimed and unlabeled items are set near the registration table in bins at the end of each day. Please check this area or let us know if your child is missing something. At the end of the summer, any unclaimed items will be donated to charity. River Bend is not responsible for lost, stolen or damaged items.

What To Wear

While at River Bend, your child will be spending much of their time outside. Please send your child in clothes and shoes that are okay to get dirty. Please make sure that your child is dressed appropriately for the weather.

What To Bring

Please make sure to label everything with your child's name.

- **Long sleeved shirt** – long sleeved shirt is to wear over a t-shirt for insect/sun protection when necessary – a loose, button down shirt works best.
- **Complete change of clothes**, including underwear and socks – our campers are likely to get wet & dirty.
- **Backpack** to hold extra clothing – can remain at the camp all week.
- **A bag for wet or muddy clothing.**
- **Rain coat/Rain poncho**
- **Closed toe, comfortable shoes** – sneakers are fine. Please, no crocs or flip flops.
- **Old sneakers** that can get wet. This is a 2nd pair of shoes – these shoes will stay at River Bend until Friday. Again, no crocs or flip flops.
- **Snack and bag lunch** – please pack a nutritious morning snack, and a healthy lunch each day.
- **Water bottle** – send your camper with fresh water every day, in a reusable water bottle.
- **Hat** – to protect from sun & insects.
- **Sunscreen** – please apply sunscreen on your child before dropping them off at camp. You may pack sunscreen in their bag to reapply mid-day.
- **Bug Spray** – this is not required, but highly recommended.
- **Forms** – all authorization forms must be turned in on the first morning of camp.

Please leave at home: personal items including toys and electronics including game systems, cell phones, MP3 players, etc.

River Bend Nature Center

2017 Summer Medical Form

This form must be submitted for each child on or before his or her first camp day in order to participate. These forms only need to be submitted once per summer unless any information changes. All fields must be filled in, even if just listing not-applicable. This form is required for all participants. *Without this information we will not know the severity of your child's condition or the proper treatment / actions needed.*

General Information

Child's Name _____ Date Of Birth _____ Gender _____

Primary Address _____ City / State / Zip _____

Emergency Contact Information

Primary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

Primary Email _____

Secondary Emergency Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

Primary Email _____

Medical History & Special Considerations

Check any special medical conditions that your child may have

No specific medical condition

Asthma

Any disorder including Cognitive, LD, ADD, ADHD, or Autism

Other condition(s) requiring special care - please specify _____

Food Allergies - please specify _____

Non-Food Allergies - please specify _____

Triggers that may cause problems - please specify _____

Signs or symptoms to watch for - please specify _____

When to call parents regarding symptoms? _____

Sunscreen / Insect Repellent Authorization

If authorizing reapplication of sunscreen or insect repellent, the sunscreen or insect repellent shall be provided by the parents and labeled with the child's name.

Yes No I authorize River Bend staff to apply sunscreen to my child.

Brand Name _____ SPF _____

Yes No I authorize River Bend to allow my child to self-apply sunscreen

Yes No I authorize River Bend staff to apply onsite insect repellent (Deep Woods Off!) to my child.

Yes No I authorize River Bend staff to apply onsite insect repellent to my child that I am providing:

Brand Name _____ Strength _____

Yes No I authorize River Bend to allow my child to self-apply insect repellent

Photo Release

We request permission to use your child's photo and video image for use in River Bend and/or sponsor publications and community promotional materials. Please check below to provide consent to include your child's image.

YES - you may use my child's image NO - do not use my child's image

Additional Authorized Pick-Up

Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

Contact _____ Relationship _____

Daytime Phone _____ Alternative Phone _____

Consent and Emergency Authorization

My child may receive medical attention at my expense, should he/she become ill or injured while in the programs at River Bend Nature Center. I hereby authorize River Bend personnel to seek such emergency treatment and I authorize the attending physician or hospital to administer such treatment as is therapeutically necessary on the basis of the findings. I understand that the medical fees associated with this will be charged to me.

Parent / Guardian Signature _____ Date _____



Emergency Medical Authorization, Youth Waiver & Release of Liability

In consideration of being allowed to participate in any way in River Bend Nature Center related events and activities, the undersigned:

1. The parent(s) acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of injury, which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. Release, waive, discharge and covenant not to sue River Bend Nature Center, their respective administrators, directors, agents and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
3. All photos taken by River Bend Nature Center can be potentially used in advertising and marketing. No child will be identified by name without the permission of the legal guardian and the River Bend Nature Center's participating school.

I HAVE READ THE ABOVE MEDICAL AUTHORIZATION, WAIVER, AND RELEASE, AND UNDERSTAND MY RIGHTS BY SIGNING IT AND SIGN VOLUNTARILY.

Student Name: _____

Date: _____ Signed: _____

Related to Student: _____

Emergency Phone: _____

River Bend Nature Center

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