

2021 Pond to Pines Summer Camp Registration Form



Camper's Name: _____
First/Preferred
Middle
Last

Camp Week(s) Attending (circle all sessions registered)

- | | | |
|-----------------------------------|----------------------------------|--------------------------------------|
| Trail Tots PreK-K (6/21-6/25) | Ultimate Survivor 1-3 (6/28-7/2) | Predator Prowl K-2 (7/6-7/9) |
| Kittitas Experience 6-8 (7/6-7/9) | Wagons West 3-5 (7/12-7/16) | Ultimate Survivor 3-5 (7/19-7/23) |
| CIT Program (7/12-7/23) | Wet & Wild 3-5 (7/26-7/30) | Wilderness Wanderers 6-8 (7/26-7/30) |

| Camper's Information | | | |
|--|--|-----------------|--|
| Age: | | Grade Entering: | |
| Gender: | | Pronouns: | |
| Home Address: | | | |
| Camper Background Information | | | |
| What things excite your camper? What aspect of summer camp are they most looking forward to? | | | |
| Does your camper have any fears or dislikes that we should be sensitive to? | | | |
| Do you, as the guardian, have any concerns you would like us to be aware of? | | | |
| Does your child have any special needs (behavioral, medical, dietary)? | | | |
| Is there any additional information that you would like to share about your child? | | | |

CAMPER'S NAME: _____

Parent/Guardian 1: Information (Primary Contact)

| | |
|----------------------|--|
| First and Last Name: | |
| Phone: | |
| Email Address: | |
| Home Address: | |

Parent/Guardian 2: Information (Secondary Contact)

| | |
|----------------------|--|
| First and Last Name: | |
| Phone: | |
| Email Address: | |
| Home Address: | |

If staff is unable to contact either Parent/Guardian, please list other people to contact in case of emergency:

In Case of Emergency Contact 1

| | |
|-------------------------|--|
| First and Last Name: | |
| Relationship to Camper: | |
| Phone: | |

In Case of Emergency Contact 2

| | |
|---------------------------|--|
| First and Last Name: | |
| Relationship to Explorer: | |
| Phone: | |

Other than Parents/Guardians, who is allowed to pick up your Explorer? (Please ensure that ALL peoples with permission to pick up a camper knows that Photo ID is REQUIRED to be shown). To add an additional person after camp has begun, contact Director.

| | |
|---|---|
| First & Last Name: Relationship to Explorer: Phone: | First & Last Name: Relationship to Explorer: Phone: |
|---|---|

Who DOES NOT have permission to pick up your Explorer?

| | |
|---|---|
| First & Last Name: Relationship to Explorer: Camp Staff Recommended Action: | First & Last Name: Relationship to Explorer: Camp Staff Recommended Action: |
|---|---|

CAMPER'S NAME: _____

Permissions Agreement

Please read and initial each statement.

_____ **Consent to use photos:** I understand there are occasions when photographs and/ or video will be taken of my child by POND TO PINES staff and volunteers. I give consent: (1) for my child to be photographed and/or videotaped while attending POND TO PINES; and (2) to POND TO PINES and/ or their fiscal sponsor, KEEN, to use such photographs or video for the sole purpose of enriching the program (via website, classroom, or in publications, including, but not limited to brochures, annual reports, and newsletters). The photos will not be used for any other purposes without written authorization.

_____ **Nature Immersion in Helen McCabe Park:** I give consent for my child to participate in nature activities in Helen McCabe Park and all outdoor related experiences with POND TO PINES staff and volunteers as part of POND TO PINES summer camp program. Activities may include but are not limited to: games, scientific inquiry, exploration, art, writing, fun with new and old friends, song and story time, walking, climbing trees, fishing and water studies from dock/boat, swimming, birdwatching, and lots of time outside.

_____ **Consent to use hand sanitizer:** I give consent for POND TO PINES staff to administer hand sanitizer or sanitizing wipes to my child in an effort to reduce the spread illness.

_____ **Application of sunscreen:** I authorize the application of sunscreen to exposed skin by POND TO PINES staff. I will: (1) provide a sunscreen with a sun protection factor of 15 or more (recommend Paba-free) (2) write my child's name on their sunscreen container with permanent marker and ensure sunscreen is brought each day.

Parent/Guardian Signature

Date

CAMPER'S NAME: _____

Health & Medical Information

Health Care Provider

Provider's Name: _____

Phone Number: _____

Street Address: _____

City, State, Zip: _____

Dental Care Provider

Provider's Name: _____

Phone Number: _____

Street Address: _____

City, State, Zip: _____

Medical Insurance Coverage

Insurance Co. Name: _____

Member Policy
Number: _____

Policy Holder Name: _____

Employer Name: _____

Special Health Concerns

| Concern | Yes | No | If yes, please explain: |
|---|--------------------------|--------------------------|---------------------------|
| Allergies, including drug reactions | <input type="checkbox"/> | <input type="checkbox"/> | |
| Regular medications | <input type="checkbox"/> | <input type="checkbox"/> | |
| Glasses/Contacts | <input type="checkbox"/> | <input type="checkbox"/> | When should they be worn? |
| Known physical, emotional, or learning disabilities | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | |

Consent to medical care and treatment of minor children: In case of emergency, I prefer that my child be given treatment at _____ (facility) in the city of _____.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature

Date

CAMPER'S NAME: _____

Parent/Guardian Agreement

Please read and initial each statement:

_____ **Financial Agreement:** I understand that I am financially responsible for tuition associated with enrolling my child in POND TO PINES, a project of the Kittitas Environmental Education Network, and that any/all deposits are non-refundable, but may be transferable depending on availability.

_____ **Waiver and release of claims:** I, _____, hereby grant permission for my child, _____ to participate in the POND TO PINES summer camp at Helen McCabe Park near the mouth of the Yakima River Canyon Scenic Byway. I understand there may be additional field trips to areas outside of Helen McCabe Park. I will be given the opportunity to sign a special permission slip for my child to participate in these off site excursions. I authorize POND TO PINES teaching staff and volunteers to seek any emergency medical treatment deemed necessary. I understand that the Kittitas Environmental Education Network, Washington Outdoor School, Washington Department of Parks and Recreation, and other participating partners and sponsors do not provide any accident or health insurance for participants. I agree to protect, indemnify, and hold harmless the program and its instructors, owners, volunteers, community partners and sponsors from any and all claims, liabilities, damages or rights of action directly or indirectly resulting from my child's participation in the Earth Explorers Program 20-21, a project of Kittitas Environmental Education Network, 501(c)3.

_____ I have received KEEN's COVID-19 Action Plan and have read, understood, and am willing to comply with all guidelines to ensure the safety and health of all participants, staff, volunteers, and greater community members.

_____ I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understand, and agree to comply with information for parents given to me by POND TO PINES and the Kittitas Environmental Education Network.

Parent/Guardian Signature

Date