



Registration Form: Day Camps 2012

Parent #1 Name _____ Email _____
 Phone (h) _____ Phone (w) _____ Phone (c) _____
 Address _____ City, State, Zip _____
 Parent #2 Name _____ Email _____
 Phone (h) _____ Phone (w) _____ Phone (c) _____
 Address _____ City, State, Zip _____
 Child's Address (if different from above) _____
 Name of School Attending in Fall 2012 _____

Child's Name	Sex	DOB	Camp Title	Dates	Tuition

Total Due \$ _____

Please make checks payable to Plains Conservation Center.

You can also pay with: Visa MasterCard Amount to Charge: _____
 Card Number: _____ Exp. Date: _____
 Signature: _____ Date: _____

How did you hear about PCC's day camps?

Returning Camper Newspaper Ad Word of Mouth HOA Newsletter
 Online Search (specify) _____ Other (specify) _____

Photo & Video Release: Plains Conservation Center (PCC) often takes pictures and/or videos of program participants in day camps. If you do not want PCC to use photos or video of your child for publications (i.e. newsletters, website, etc.) please let us know in writing.

A \$25 non-refundable deposit must accompany registration. Your deposit will be applied towards your total due amount. Balance is due two weeks before the start of camp.

Return completed form (front & back) payment to: Plains Conservation Center; 21901 E. Hampden Ave.; Aurora, CO 80013

The following adults are authorized to pick up my child from day camp:

MEDICAL INFORMATION

Please provide the following information about whom to contact in an emergency if we are not able to reach the parents / guardians listed on the previous page. Your registration will not be processed unless we have all required information. All information is kept confidential.

Emergency Contact _____

Relationship _____ Phone (h) _____ Phone (c) _____

Address _____ City, State, Zip _____

Physician _____ Phone _____

Address _____ City, State, Zip _____

Dentist _____ Phone _____

Address _____ City, State, Zip _____

Hospital of Choice _____ Phone _____

Address _____ City, State, Zip _____

Please describe any allergies, dietary restrictions, physical, medical or emotional conditions about which we should be aware:

Medications: List ANY medication that we may have to administer or be responsible for handling. (Children should not transport medications to and from camp; this includes medication placed in a backpack such as an inhaler or Sudefed.)

*All medications require a physician-signed form that can be found at our website (www.plainscenter.org).

I authorize Plains Conservation Center (PCC) to obtain medication or medical attention for my child in case of an emergency if unable to reach the parent, guardian or physician stated above, and I release them from responsibility in connection with such medication or medical attention. During my child's attendance at the program, he / she shall be responsible for his / her own acts and save, indemnify and hold PCC harmless from death or injury to him / her or from damage to his / her own property. My child currently has no communicable disease.

Signature _____ Date _____