

2010 BEAVER CREEK SUMMER CAMP REGISTRATION

Child's Name _____ Nickname _____
Age _____ Gender _____ DOB _____ Grade ('10-'11) _____
Special Needs: (Allergies, behavior disorders, medications, etc.) _____

Buddy Choice: (if applicable) Place my camper in the same group with: _____
Child's Physician _____ Phone # _____

PARENT AUTHORIZATION: The above is correct as far as I know and person herein described has permission to engage in all prescribed activities. In the event I cannot be reached, I give permission to the physician selected by the group leader in charge to hospitalize and/or secure proper treatment for my child as named above.

Parent/Guardian _____
Address _____ City _____ State _____ Zip _____
Phone (H) _____ (W) _____ (Cell) _____ (email) _____

Emergency contact, person to be notified other than parent (please print)

Name _____ Relationship _____ Phone _____

Photo release for use in future Beaver Creek Reserve marketing efforts. Y N (Circle One)

T-shirt Size (circle) _____ Child or Adult S M L XL

I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against Eau Claire County and/or the Friends of Beaver Creek Reserve and its representatives for any and all injuries suffered by my child, in connection with any participation in the registered programs/camps.

Parent/Guardian _____ Date _____

(ONE FORM PER CHILD, FEEL FREE TO MAKE ADDITIONAL COPIES)

Camp _____	Age _____
Date(s) _____	Cost _____
Camp _____	Age _____
Date(s) _____	Cost _____
Camp _____	Age _____
Date(s) _____	Cost _____

Full payment required. Checks made payable to: Beaver Creek Reserve

Payment Method (circle) Cash Check # _____ Charge Visa MasterCard
Credit Card # _____ Exp. _____ Name as it appears on card _____
Address _____ City _____ State _____ Zip _____

Adult Volunteer. Yes, I am interested in assisting with camp activities (must be available Monday-Friday.
(Volunteer's needs applicable for Nature Nuts, Sprouts, Earth Detectives and Butterfly camps only.)

**Not a Friend of Beaver Creek Reserve yet? Join today and save on camper fees. Annual Family Membership costs \$30.
Enclose your \$30 membership today and pay the "Friends" fee. Additional specials apply for members throughout the year.**

Deadlines apply for each camp, see other side of form

MAIL PAYMENT TO:

Beaver Creek Reserve, S1 County Highway K, Fall Creek, WI 54742
For more information call 715-877-2212 or bcr@beavercreekreserve.org
www.beavercreekreserve.org

Refund Policy: Cancellations require a seven-day notice, prior to camp in order to receive a full refund minus a \$15 processing fee.
Cancellations after that will receive no refund. No exceptions