



Youth Program Registration

Hartman Reserve Nature Center
657 Reserve Drive
Cedar Falls, IA 50613
319-277-2187



www.HartmanReserve.org

Participant Name _____

Street Address _____

Grade (going into this Fall) _____ Current Age _____ Gender _____

Parent/Guardian Cell Phone (daytime number) _____

Parent/Guardian Email Address _____

Program Information

Program Title _____ Date _____ Payment _____

Program Title _____ Date _____ Payment _____

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****Please use backside for more Program Information**

Registration Information

Please dress for the weather for every day of every camp. All campers should bring a water bottle, insect repellent, hat, and sunscreen. *3-day+ long camps: Please also bring a lunch, snacks (optional), change of socks, a towel, and a bag to put it all in. You may also receive an email prior to the start of camp regarding any other items that will be required.

Families who have an Operation Threshold Key Card may qualify for half off the camp fee for certain camps. Please inquire with Katie via email at Katie.hrnc@gmail.com .

If your child has any food allergies or restrictions, please make sure to send specific snacks with your child (please label lunch box/snacks).

Medical Disclosure

The following information will be helpful in the unlikely event of an accident. Please indicate if the participant has a history of any medical complications, as listed below or other.

Allergies: Food _____ Bees/Insects _____

Medications _____

Other _____

Medical Conditions, including mental health:

If medications are needed during the program, please list details in the table below:

MEDICATION	PURPOSE/SIDE EFFECTS	TIME GIVEN	HRNC STAFF

Please list any medications the child takes, even if the medication isn't taken during their time at Hartman Reserve. Please include the name, purpose, and any side effects:

Emergency Information

Insurance Company _____ Preferred Hospital _____

Doctor's Name _____ Phone _____ Policy # _____

Emergency Contact & Phone Number (different than phone # listed on 1st page):

Medical Consent, Photo Permission and Liability Wavier

Parental permission must be secured for participants who are under 18 years of age.

I am aware in signing this document that certain risks and dangers exist in the activities in which my child or I may be participating. I acknowledge that while Hartman Reserve Nature Center staff will make every reasonable effort to teach my child or me proper safety and minimize exposure to known risks, all dangers associated with these activities cannot be foreseen. These risks may include, but are not limited to, the loss or damage of personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hyperthermia (heat exposure), hypothermia (cold exposure), or suffering any type of accident or illness in remote areas without immediate access to medical facilities, or while traveling to or from the activity sites. I have a personal responsibility to make sure my child and I understand and follow the safety standards, guidelines and procedures established by the HRNC staff. Furthermore, I give my consent to HRNC staff or other medical personnel to treat my child or me in an emergency situation. If my child will be taking any medications, it will be sent in the prescription bottle with clear instructions as to when it should be taken. The medication shall be in the care of the HRNC staff and will be dispensed as prescribed. I understand that the programs at HRNC are subject to inclement weather. In the case of necessary changes, I understand a program of equal value will be substituted and my program fee will be used for this purpose. Weather related refunds are not allowed as long as a program continues. I also agree, unless I explicitly request otherwise, that photographs taken during this program may be used for promotional purposes by HRNC.

Signature (Parent/Guardian if participants is under 18)

Date