



2017 Spring Break Camp Registration

Jefferson County Conservation

*	Grade	Camp Name	Dates	Times	Cost
	1 st – 2 nd	Nature Explorers	Tuesday, March 28th	9:00 - 11:30 am	\$10
	3 rd -6 th	Survival Camp	Wednesday, March 29th	9:00 am-2:00 pm	\$20

Participant Information

Name: _____	Grade: _____
Address: _____	School: _____
City, State Zip: _____	
Allergies or Health Conditions: _____	
Medications & Instructions: _____	

Parent or Guardian Information

Emergency Contact (Relative or Friend)

Name: _____	Name: _____
Relation to Camper: _____	Relation to Camper: _____
Daytime Phone: _____	Daytime Phone: _____
Cell Phone: _____	Cell Phone: _____
E-mail: _____	

Can we send camp confirmation and info via email? Yes No

Sign Medical Release (page 2) and return with payment to:

Spring Break Nature Camp
 Jefferson County Conservation
 2003 Libertyville Road
 Fairfield, IA 52556

For Office Use Only:
Total \$ Received: _____
Check Number: _____

To reserve a place, registration form must be received along with payment and signed medical release (page 2).
Cancellations must be made two weeks prior to the camp for payment refund unless a replacement camper is found.



Jefferson County Conservation Medical Information/Release Form

To Be Read and Signed By Parent or Guardian

I understand that my child must be healthy and reasonably fit in order to safely participate in Jefferson County recreation activities and that I will inform the program leader(s) of any medication, ailment, condition, or injury that may affect his/her ability to participate safely.

Medical Emergency Parental Permission

The health and history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the Jefferson County Conservation staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the Jefferson County Conservation staff or volunteer to secure and administer treatment for my child, including hospitalization.

Publicity/Image/Voice Permission

The Jefferson County Conservation program normally takes photographs, video, and or audio recordings of our programs. During activities, a photograph or video/audio recording may be taken of you or your child. Unless you request otherwise, your signature below will be considered permission for Jefferson County Conservation to photograph, film, audio/video tape, record and/or televise your and/or your child's image and/or voice for the image and/or voice of your child for use in any publications or promotional materials, in any medium now known or developed in the future without any restrictions.

Behavior Guidelines

Behavior guidelines and consequences are established at each of Jefferson County Conservation's programs or events. These guidelines (or rules) are designed to protect our staff as well as the safety of the campers and club members. It is our goal to provide a safe and fun outdoor learning experience for all participants. I understand failure to follow behavior guidelines will include discipline measures which may include dismissal from the program or event without refund.

Jefferson County Conservation Assumption of Risk and Release of Liability (Please read carefully.)

I give permission for _____ to participant in the Jefferson County Conservation Program.
(Child's name)

I understand that Jefferson County Conservation programs/events may involve certain risks of physical activity and possible injury and that Jefferson County Conservation will provide each participant with reasonable care, but that Jefferson County Conservation cannot guarantee that my child will remain free of injury. In addition, some Jefferson County Conservation projects including but not limited to: canoeing, kayaking, archery and other sporting activities have a higher degree of risk. I nonetheless wish to have my child participate in Jefferson County Conservation activities and assume the risk of participating. I agree to release from liability, indemnify and hold harmless the Jefferson County Conservation Board employees, volunteers and agents from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation. This release, however, is not intended to release the above-mentioned from liability arising out of their sole negligence.

Parent or guardian signature: _____ Date: _____

For more info about upcoming programs or events visit: www.JeffersonCountyConservation.com
or call 641-472-4421.