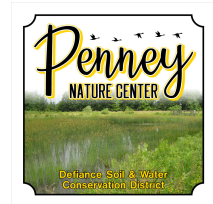




2024 Penney Nature Center Kids Camp



This form is to be completed by each student's parent/guardian and returned to the Defiance SWCD.

Attendee's Full Name *(please print)* _____

Home Address _____
Street address, City, State, Zip Code

Phone () _____ Cell Phone () _____

Emergency Contact _____ Phone () _____

Relationship to Attendee _____

Medical Insurance Provider _____ Policy # _____

Allergies *(food, medication, insects, etc.)* _____

Medical Conditions *(asthma, diabetes, etc.)* _____

Medical Equipment Used *(Epi-pen, inhaler, etc.)* _____

Medications Currently Being Taken _____

I understand the Penney Nature Center Camp may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved. In the event of an accident, I authorize the Defiance SWCD to provide emergency medical treatment for my child during this event. I have been assured that all reasonable care will be taken to prevent incident: therefore, I will not hold Defiance SWCD, or the Ohio Department of Agriculture liable should an accident occur.

I also give my consent to the use of any photographs or videos taken of my child by officials of the Defiance SWCD or their representatives to be used for promotional and/or editorial purposes only.

Signature of Participant _____ Date _____

I (please print) _____ (parent/guardian) give permission for my child _____
(name)
to participate in the Penney Nature Center Camp.

Signature of Parent/Guardian _____ Date _____

Relationship to Participant _____