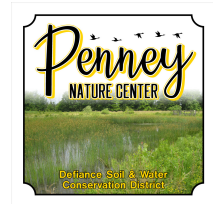




# 2026 Penney Nature Center Kids Camp



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 \_\_\_\_\_



# 2026 Penney Nature Center Kids Camp



Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade (): \_\_\_\_\_ Parent/

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### T-Shirt Size:

Youth Sizes: XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Adult Sizes S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 1XL \_\_\_\_\_

### Please select

\_\_\_\_\_ Kindergarten-2nd Grade - June 9th - 11th, 8:30am - 12:00pm

\_\_\_\_\_ 3rd-5th Grade - June 16th - 18th 8:30am - 12:00pm

Camp Registration Fee is \$25 per child. Registration, release form and payment must be mailed, emailed or dropped off at our office by May 16th.

Make checks payable to Defiance SWCD.

## Registration Deadline is May 15, 2025

Office Use Only

Paid: \_\_\_\_\_ Cash or Check Check #: \_\_\_\_\_ Release Form: \_\_\_\_\_



[www.defianceswcd.org](http://www.defianceswcd.org)

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