



# DPNC Summer Nature Camp Registration

Denison Pequotsepos Nature Center, 109 Pequotsepos Road, PO Box 122, Mystic, CT 06355 - fax 860-536-2983

All camp information and blank forms are available at <https://dpnc.org/summercamp/>

ONE CHILD PER FORM, PLEASE.

Complete and sign pages 1 and 2 of camp form. (Note: All lines must be *initialed* or *signed* as indicated).

Child's name \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size \_\_\_\_\_  
LAST NAME FIRST NAME

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering in the Fall \_\_\_\_\_ ☐ Male ☐ Female ☐ Non-Binary  
MM DD YYYY

Parent or Legal Guardian 1 \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Parent Guardian Phone (\_\_\_\_) \_\_\_\_\_

Parent or Legal Guardian 2 \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Parent Guardian Phone (\_\_\_\_) \_\_\_\_\_

## Emergency Contacts: (must provide at least 2)

The individuals listed below as emergency contacts are also authorized to pick up my child from camp.

Name / Relation	phone
1 _____	(____) _____ - _____
2 _____	(____) _____ - _____

Session Name	Week	#Cost	Session Name	Week	#Cost
(Explorers, Investigators, Adventurers, etc.)			(Explorers, Investigators, Adventurers, etc.)		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SUBTOTAL \$ \_\_\_\_\_

- ☐ I would like to benefit from the member price by purchasing a family membership (\$65) ..... \$ \_\_\_\_\_
- ☐ I want to benefit from the member price by purchasing a Single parent membership (\$50)..... \$ \_\_\_\_\_
- ☐ I want to benefit from the member price by purchasing a Grandparent membership (\$60) ..... \$ \_\_\_\_\_
- ☐ I would like to help sponsor a child for Summer Camp ..... \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Registration is required for all sessions including Pre- and After-Camp

## CRITICAL

1. Provide DPNC with a completed health form (no older than 3 years from start date of camp).  
**Completed medical forms are required before children can participate in camp.**
2. Provide DPNC with an Authorization To Administer Medication Form (if applicable).

I understand that camp involves some measure of risk.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
PARENT'S SIGNATURE IS REQUIRED FOR ENROLLMENT

MAIL or FAX this form with payment to: DPNC, P.O. Box 122, Mystic, CT 06355 or fax 860-536-2983 OR call 860-536-1216 ext 0

- ☐ I have enclosed a check payable to "DPNC"
- ☐ Please charge my Visa/Discover/MasterCard # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_ - \_\_\_\_ CVV \_\_\_\_\_

☐ Med Form

EXAM DATE

LAST

FIRST

Membership Expiration Date

(OVER)

Child's Name \_\_\_\_\_

The Denison Pequotsepos Nature Center (DPNC) strives to operate the best Summer Camp possible and works with the state of Connecticut as a *state certified camp*. The health, discipline, and medication policies below reflect this commitment.

**Please read these policies and initial below.**

**Authorized Signer:** *I represent that I am either a parent or legal guardian of the camper, or an authorized agent of a parent of the camper.*

Init. \_\_\_\_\_

**\*\* ALLERGIES \*\***

If your child has an **allergy**, please notify staff prior to registering for camp and complete an Individual Care Form. If they require medication such as an epipen, fill out an Authorization for the Administration of Medication form.

Init. \_\_\_\_\_

List your child's allergy(ies), or write "none" and initial:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* SPECIAL NEEDS \*\*\***

If your child has a **medical condition or other special need** that will impact their experience at camp, or the experience of others in the group, please be forthcoming with information to ensure a positive and successful experience. For campers that need special assistance, please notify staff and complete an Individual Care Form prior to registering for camp. We cannot provide one-on-one aid nor accommodate every special need.

Init. \_\_\_\_\_

List your child's condition, or write "none" and initial:

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION**

DPNC's primary medication policy is to administer only lifesaving medicines such as epi-pens and rescue inhalers. I understand I must provide an Authorization to Administer Medication form, properly filled out and signed by both my child's pediatrician and authorized parent/guardians. I understand that all medication must be in the original containers labeled with the child's name, name of the medication, direction for the administration and date of the prescription. If this policy is not properly followed, I understand that the medication cannot be in the custody of Nature Center staff, and, if necessary, the child will be sent home. No special refunds or credits will be given for any camp missed for this reason. The Nature Center cannot be responsible for any lifesaving medication that should have been provided for a child and wasn't. I understand that any requests to accommodate exceptions to this policy must be brought to the attention of the camp director. Any medication provided for a camper will be kept at camp for the duration of the camp week. I understand that it is my responsibility to ask for the return of any unused medication, and that all unused medication shall be destroyed if not picked up within one week following the camper's departure.

Init. \_\_\_\_\_

**SAFETY**

I understand that nature is unpredictable and holds a large amount of risk that could lead to serious injury or even death. I agree to indemnify and hold harmless the DPNC and staff for any and all claims connected with participation in any activity that is any way connected with camp.

Init. \_\_\_\_\_

**DISCIPLINE**

At any time during camp, I understand that the Camp Director has the right to expel any child who in the Camp Director's sole judgment is disruptive, disrespectful, or jeopardizes his or her own safety, other campers' safety, or staff safety. In addition, the Camp Director has the right to expel any child whose parents or guardians, in the Camp Director's sole judgment, make unreasonable demands upon the camp. No refunds or credits will be given for a child expelled from camp.

Init. \_\_\_\_\_

**SUNSCREEN POLICY**

If parents/guardians so authorize, DPNC camp staff may assist in the reapplication of sunscreen, in full view of at least one other staff member and other campers. We will only assist with rubbing it in on the back and face if necessary. The campers will be asked to do the rest independently, with our supervision. The parent/guardian is responsible for the first application before the camper is dropped off for camp. DPNC suggests dressing your camper in clothing to further assist in preventing damage from the sun (including hats). All sunscreen **MUST** be in original containers and labeled with your child's name on it. We recommend you send an ample supply. We cannot be responsible for an insufficient amount provided.

I authorize as above

☐ Yes

☐ No

**EMERGENCY  
AUTHORIZATION**

In the event of a medical emergency, I give DPNC staff full permission to authorize any emergency medical treatment necessary.

Init. \_\_\_\_\_

**HEALTH RECORD**

I understand that AT LEAST TWO WEEKS BEFORE THE START OF CAMP, I must provide a health exam record not more than 3 years old for my child. I understand that without the medical record my child will not be allowed to attend camp and no refunds or credits will be given.

Init. \_\_\_\_\_

**PHOTOGRAPHY RELEASE**

I grant permission for the Nature Center to photograph my child and use the images for educational and promotional purposes to assist the organization in informing its members, the press, and the general public about its work. I give this permission without fee or limitation. ☐ Yes ☐ No

**FIELD TRIPS**

(Investigators, Explorers, Naturalists, Adventurers, and Specialty Camps) I give permission for my child to go on any field trips and understand that he or she will be traveling by minivan, or school bus.

Init. \_\_\_\_\_

**LUNCHES**

Lunches cannot be refrigerated.

I will pack only non-perishable foods.

Init. \_\_\_\_\_

**INSECT REPELLENT POLICY**

If parents/guardians so authorize, DPNC camp staff may assist in the re-application of insect repellent, in full view of at least one other staff member and other campers. The parent/guardian is responsible for the first application before the camper is dropped off for camp. DPNC suggests dressing your child in clothing to help prevent insect bites. Insect repellent **MUST** be in original containers and labeled with your child's name. Please check your child at the end of each day for ticks.

I authorize as above

☐ Yes

☐ No

**FEES / TRANSFER /  
CANCELLATION /  
MISSING CAMP POLICY**

Member prices apply to those with Family, Single Parent, or Grandparent memberships active during the camp session offered. Full payment is due upon registration. If you modify your initial enrollment (e.g. transfer to another session or substitute one camper for another) a \$15 transfer fee is required. Cancellations will be accepted until two weeks before the start date of any camp, and a 15% service charge will be deducted from any refund. **If you need to cancel within two weeks of any camp, no refund will be given.**

Init. \_\_\_\_\_