

**Event Registration Form/Liability Waiver
Summer 2016**

Event _____

Name of Participant _____

Age _____

Gender (Please circle answer.) **Male** **Female**

Parent/Guardian of Participant _____

Address _____

City, State & Zip Code _____

Home & Cell Numbers _____

Email Address _____

Emergency Contact Name & Number _____

\$ Total Fee Enclosed (Checks Only) _____

My Child May Be Photographed: _____
Parent/Guardian Signature

**Please Mail To:
Bremer County Conservation
Attn: Naturalists
P.O. Box 412
Tripoli, IA 50676**

***Please Note: You must also fill out the back side of this page.**

**Bremer County Conservation Board
Health and Permission Statement
Summer**

Medications if needed during the program time: (dose, name, time)

Allergies:

Parent Permission:

I hereby give permission for _____ to attend this camp program sponsored by the Bremer County Conservation Board. I understand that I will be notified if my child is not respecting others and in the event of severe weather will pick up my child immediately. Conservation staff will supervise the event and provide necessary emergency care. If a serious illness or injury develops and medical and/or hospital care is necessary, I hereby give permission for emergency treatment or surgery as recommended by the attending physician.

Parent/Guardian Signature

Family Physician Name and Number:

In case I cannot be reached during the program, please contact:

Name: _____

Number: _____

Relationship: _____

Please check the appropriate response.

_____ **I will pick up my child at the end of the program.**

_____ **My child will be picked up by:** _____

_____ **Other** _____