

Winter Nature Adventures

Overnight Camp 2018

December 27th – 28th, 2:00pm – 9:00am | Hurstville Interpretive Center

Who should attend?

- Youth currently in 4th-6th grades
- Those interested in learning about nature activities like ice fishing
- Youth who want to have fun meeting others from across Jackson County!

What will you do and learn?

- Participate in hands on activities
- Go ice fishing
- Snowshoeing through trails
- Learn about the environment and season changes
- Make nature crafts

What should you bring?

- WARM clothes: winter coat, snow pants, boots, hat, gloves, scarf
- Sleeping bag, pajamas, bed-time items you need
- Extra change of clothes just in case

What's the schedule?

Thursday, Dec 27th

2:00pm Registration

2:00pm-11:00pm Camp Activities

11:30pm Bed Time

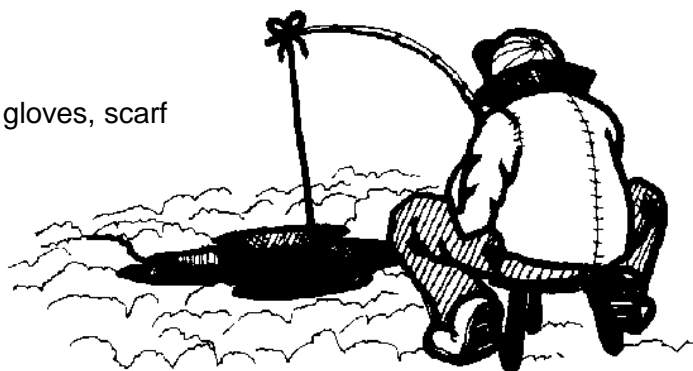
Friday, December 28th

7:00am Wake Up

7:00am-8:00am Breakfast

8:00am Camp Ends

8:00am-9:00am Pick Up/Optional Activities



Registration Form – return by December 14th with \$20 payment to:
Jackson County Extension, 201 West Platt Street, Maquoketa, IA 52060

Youth Information

Name: _____ Grade in School: 4 5 6

Address: _____

Parent/Guardian: _____

Cell Phone: _____ Work Phone: _____ Email: _____

notification for camp will be by email – list one that's checked regularly!

In Case of Emergency

Notify: _____ Phone Number: _____

Special Health Considerations: _____

Activity Restrictions: _____

Child's Doctor: _____ Doctor's Phone: _____

Releases (please circle YES/NO for the following):

- I give permission for my child to have his/her picture taken to be used for news releases, newsletters, and reports. YES NO
- My child will be staying for the optional activities between 8:00am-9:00am on Tuesday, December 28th. YES NO
- I give my child permission to attend Winter Nature Adventure Camp. I agree to pick up my child if the chaperones do not feel they are abiding by the guidelines. I also understand in case of serious injury or illness that I will be notified, but if it is impossible to contact me, I give my permission for emergency treatment as recommended by the attending physician. YES NO