

Jackson County Conservation 2021 Summer Camp Registration Form

Youth Name: _____ Age: _____ Grade Entering Fall 2021: _____

Home Address: _____

Parent/Guardian Names: _____ Phone: _____

Email: _____ Phone: _____

Emergency Contact Name & Phone #: _____

Do you have any health considerations? (food allergies, medications, activity limitations). Or any additional information you'd like us to know? _____

Check which camp(s) you are signing up for (use grade entering Fall 2021)

Explorer Camp (\$30, K/1st): **CAMP FULL** ~~Thurs July 6-8~~

Ranger Camp (\$30, 2nd/3rd): Tues-Thurs July 20-22 OR Tues-Thurs August 3-5

Adventure Camp (\$30, 4th/5th): **CAMP FULL** ~~Tues June 8-10~~ OR **CAMP FULL** ~~Tues June 29-July 1~~

Paddle Camp (\$30, 6th-8th): Tues-Wed June 22-23 (overnight)

One-Day Camps (\$10, 4th-8th): **CAMP FULL** ~~g Sports Camp June 24~~ **CAMP FULL** ~~Life Camp Aug 12~~

1/2 Day Camps (\$5, K-5th): Preston Two Good Park July 13 **CAMP FULL** ~~Felderman Park July 15~~

- Registration and payment are due one week before camp starts. Limited space; first come, first served.
- Campers provide their own lunch for day camps. We will provide food for overnight camps.
- We will provide transportation for off-site activities for the Adventure & Voyage Camps.
- Camp will be cancelled if severe weather, a decision will be made 45 minutes before start of camp.
- Camp is held outdoors. Youth should bring a face covering (when indoors), water bottle, hat, sunscreen, bug spray and a complete change of clothes, shoes in a backpack. Leave all electronics at home.

I give permission for my child to attend day camp with Jackson County Conservation. I agree to pick up my child if the staff feels my child is not abiding by the guidelines. I also understand in case of serious injury or illness, 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. I give permission for my child to have her/his picture taken, used for news releases and reports. If part of the camp takes place in other locations, I give permission for the staff (or other leaders) to transport my child. My child will wear a face covering when indoors.

Signature of Parent/Guardian Date Total \$ Enclosed: _____

Make checks payable to Friends of JCC. Return registration form and payment to JCC Summer Camps, 18670 63rd St, Maquoketa, IA 52060. Questions? Call (563) 652-3783

<i>Office Use Only</i>	Total Amount: _____	Payment: (cash/check) _____	
Staff Initials _____	Date Received _____	Note _____	