

## Participant Information Release Form

Please complete this form and bring the first day, or mail or email to:

Hartman Reserve Nature Center 657 Reserve Drive Cedar Falls, IA 50613  
319-277-2187 [KKlus@co.black-hawk.ia.us](mailto:KKlus@co.black-hawk.ia.us) [www.HartmanReserve.org](http://www.HartmanReserve.org)

Participant Name \_\_\_\_\_

Street Address \_\_\_\_\_

Grade (going into this Fall) \_\_\_\_\_ Current Age \_\_\_\_\_ Gender identity \_\_\_\_\_

Parent/Guardian Cell Phone (daytime number) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Persons who **may** drop off/pick up your child:

Persons who are **not** allowed to pick up your child:

## Program Information

Program Title \_\_\_\_\_ Date \_\_\_\_\_ Payment \_\_\_\_\_

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**\*\*Please use backside for more Program Information**

## Registration Information

Please dress for the weather for every day of every camp. *Winter Camps* all campers should bring; hat, gloves, snow boots, snow pants, warm coat. *Summer camps* all campers should bring a water bottle, insect repellent, hat, and sunscreen. \*3-day+ long camps: Please also bring a lunch, snacks (optional), change of socks, a towel, and a bag to put it all in. You may also

receive an email prior to the start of camp regarding any other items that will be required.

Families who have an Operation Threshold Key Card may qualify for half off the camp fee for certain camps. Please inquire with Katie via email at [Kklus@co.black-hawk.ia.us](mailto:Kklus@co.black-hawk.ia.us)

If your child has any food allergies or restrictions, please make sure to send specific snacks with your child (please label lunch box/snacks).

## Medical Disclosure

The following information will be helpful in the unlikely event of an accident. Please indicate if the participant has a history of any medical complications, as listed below or other.

Allergies: foods, bees/insects, medications, others:

Describe allergic reactions and their severity:

List any physical limitations or restriction:

Describe any behavioral, mental, or emotional issues that might pose a challenge to group learning:

Medical Conditions, including mental health:

Is there anything else you would like us to know about your child?

**If medications are needed during the program, please fill out the authorization to administer medication form. This form needs to be signed by your health care provider prior to participation in camp**

Please list any medications that the child takes even if the medication isn't taken during their program at BHCCB. Please include the name, purpose and any side effects:

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## Emergency Information

Insurance Company \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

**Medical Consent, Photo Permission and Liability Wavier**

Parental permission must be secured for participants who are under 18 years of age. I am aware in signing this document that certain risks and dangers exist in the activities in which my child or I may be participating. I acknowledge that while Hartman Reserve Nature Center staff will make every reasonable effort to teach my child or me proper safety and minimize exposure to known risks, all dangers associated with these activities cannot be foreseen. These risks may include, but are not limited to, the loss or damage of personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hyperthermia (heat exposure), hypothermia (cold exposure), or suffering any type of accident or illness in remote areas without immediate access to medical facilities, or while traveling to or from the activity sites. I have a personal responsibility to make sure my child and I understand and follow the safety standards, guidelines and procedures established by the BHCCB staff. Furthermore, I give my consent to BHCCB staff or other medical personnel to treat my child or me in an emergency situation. If my child will be taking any medications, it will be sent in the prescription bottle with clear instructions as to when it should be taken. The medication shall be in the care of the BHCCB staff and will be dispensed as prescribed. I understand that the programs at BHCCB are subject to inclement weather. In the case of necessary changes, I understand a program of equal value will be substituted and my program fee will be used for this purpose. Weather related refunds are not allowed as long as a program continues. I also agree, unless I explicitly request otherwise, that photographs taken during this program may be used for promotional purposes by BHCCB.

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Parent/Guardian name (printed)

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Signature (Parent/Guardian if participants is under 18)

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Date