

REGISTRATION FORM

Camper's Name _____ Nickname _____ Date of Birth _____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

School _____ Grade entering in Fall _____ Age _____

E-mail (preferred for confirmation) _____

Home Phone # _____ Daytime Phone # _____ Cell # _____

Emergency Contact _____ Phone # _____

Gender (circle) M F One friend your child would like to hike with (optional) _____
(Please note that we cannot guarantee that your child will be with more than one friend)

T-shirt size (circle one) Child: S M L Adult: S M L

Add \$40 Family Membership and reduce camp fee by 15% \$ _____
(In order to receive the membership discount, family membership must be current at time of camp.)

Session Name/Number _____ Dates _____ Fee _____

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Extended Care: \$5/hr, per day

(circle) 8:00 - 9:00 M T W Th F 3:00 - 4:00 M T W Th F 4:00 - 5:00 M T W Th F \$ _____

I'd like to make a donation to the education scholarship fund \$ _____

Total \$ _____

Check # _____ VISA/MasterCard _____ Expiration Date _____

HEALTH AND MEDICAL INFORMATION (Confidential)

Please describe any allergies _____

Any condition now requiring regular medication? _____

Any restriction of activity for medical reasons? _____

Special considerations we should be aware of? (i.e. behavior, shyness, fears, etc.) _____

Physician's Name: _____ Phone: _____

Insurance Company: _____ Insurance # _____

In case of emergency conditions, if the Tryon Creek State Park Nature Day Camp Staff is unable to contact me or my emergency contact, I hereby give permission to the physician selected by the Nature Day Camp Director to secure proper medical treatment for my child.

Parent/ Guardian Signature _____ Date _____

- Please send me a scholarship application.
 My child may **not** be photographed for publicity.



Nature
HISTORY
Discovery

Office use only

Initial

Check #

Credit Type VISA MC

Amount

Make checks payable to:

Friends of Tryon Creek State Park

At this time we cannot accept online or phone registration for camp. Signed forms may be mailed or faxed to:

Friends of Tryon Creek State Park

PO Box 812

Lake Oswego, OR 97034-0135

Fax: 503-636-5318 Phone: 503-636-4398

**REGISTRATION FORMS &
CAMP AVAILABILITY
ON-LINE AT
www.tryonfriends.org**