



# CRICKET CAMP

SESSION I

June 8-12, 2026

Amount Due: \$50.00 **NONREFUNDABLE**

**Camp fee of \$50.00 is due by Friday, April 17, 2026.**

(If payment is not received by then, your child will be removed from the camp list.)

**Please return this form with your payment to:**

Warren County Conservation Board  
Day Camp Program  
15565 118<sup>th</sup> Avenue

## EMERGENCY INFORMATION

Camper's Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Age (on the first day of camp): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Camper's T-Shirt Size (Circle One): Toddler S (4/5T) Toddler M (6/8) Youth XS Youth S

Parent/Guardian's Name: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

(different than above, we will always call parent/guardian first)

**Relationship to Camper:** \_\_\_\_\_

Family Physician Name & Phone #: \_\_\_\_\_

Please list special medical considerations about your child's health and medications.

Ex: Current medication (or changes), allergies (food, environmental...), asthma, seizures, special behavioral needs, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHOTO RELEASE:** Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for photographs to be taken of my child while participating in the Warren County Conservation Summer Day Camp Program. Photos from our camp will be compiled into an online photo album accessible to people with the photo link so you can see the fun experiences your child participates in during camp week. Photos may also be used in marketing/public relation materials in the promotion of Warren County Conservation.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Cash	or	Check # _____
Received on _____ by _____		