



CHALLENGE CAMP

July 6-10, 2026

Amount Due: \$75.00 **NONREFUNDABLE**

Camp fee of \$75.00 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
Indianola, IA 50125

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): Youth XS Youth S Youth M Youth L
 Youth XL Adult S Adult M Adult L

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 only accessible to parents, 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.

Office Use Only

Cash or Check # _____
Received on _____ by _____

Parent/Guardian’s Signature: _____ Date: _____

Office Use Only

Cash	or	Check #	_____
Received on		_____	by _____