



CRICKET CAMP

SESSION II

July 13-17, 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 118th 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 _____