



Youth Registration Form

This form must be completed **before the first day of camp.**

Please mail or email to Hartman Reserve Nature Center, 657 Reserve Drive Cedar Falls, Iowa 50613, or email to gcallaway@blackhawkcounty.iowa.gov

Participant Name: _____

Preferred Name/Pronouns: _____

Street Address: _____

Grade (going into the fall): _____ Age: _____ Gender Identity: _____

Parent/ Guardian Name: _____

Parent/ Guardian Cell Phone: _____

Parent/ Guardian Email Address: _____

Persons who **MAY** drop off or pick up your child: _____

Persons who are **NOT** allowed to drop off or pick up your child: _____

Program Information

Program Title: _____ Date: _____

Program Title: _____ Date: _____

Program Title: _____ Date: _____

Program Title: _____ Date: _____

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.

Allergies: food, bees/insects, medications, other:

Describe allergic reactions and their severity:

List any restrictions (physical, dietary):

Describe any behavioral, mental, or emotional needs that we can help with or might pose a challenge to group learning. Please include any strategies that will assist our staff in creating a positive experience:

Medical conditions, including mental health needs:

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 needs to be signed by your health care provider prior to the first day of camp.

Emergency Information

Insurance Company: _____ Preferred Hospital: _____

Doctors Name: _____ Phone: _____ Policy #: _____

Emergency Contact & Phone Number: _____

Medical Consent, Photo Permission and Liability Waiver

Parental permission must be secured for participants under the age of 18 years. 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 BHCC 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 to 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 activity sites. I have a personal responsibility to make sure my child and I understand and follow safety standards, guidelines and procedures established by BHCC staff. Furthermore, I give my consent to BHCC staff or medical personnel to treat my child with an emergency. 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 BHCC staff and will be dispensed as prescribed. I understand that the programs at BHCC 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 BHCC.

Parent/ Guardian Printed Name: _____

Signature: _____ Date: _____

Any electronic signatures appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.