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KAYAK ADVENTURE CAMP REGISTRATION

Date _____

Child's Name _____ Age _____ Sex _____

Parent's Name _____ Date of Birth _____

Home Phone # _____ Work # _____

Street Address _____

City _____ State _____ Zip _____

Does your child have any medical conditions of which we should be aware? Yes _____ No _____

If yes, please explain _____

Is your child currently taking any medication? Yes _____ No _____

If yes, please list _____

Is your child allergic to: Shellfish? Yes _____ No _____ Jellyfish stings? Yes _____ No _____

Insect bites or stings? Yes _____ No _____ If yes, please list type: _____

Plants? (list type) _____

Do you carry medical insurance? Yes _____ No _____

If so, name of insurance company or provider _____

In case of an emergency, if parent is unavailable contact Name _____

Day Phone 9 AM - 4 PM: _____ Relationship _____

SIGNATURE OF PARENT OR GUARDIAN
PLEASE TURN PAGE OVER

Reservation, Cancellation and Refund Policy

Due to the nature of the Young Naturalist Camp reservations are necessary to ensure enrollment. A 50% deposit or credit card number will hold your reservation. Final payment will be due on the first day of camp. A cancellation of at least 2 weeks in advance of your camp session brings you a full refund. Less than a 2-week notice will bring a refund of half of your deposit. A cancellation of 7 days or less forfeits all refunds.