

For office use only:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Date Received: ___/___/___	

Hidden Valley Summer Day Camp 2018 Registration Form

- Week 1: June 18th through June 22 **Exploring Earth Ologists!**
 Week 2: June 25th through June 29th **Hidden Valley Naturalist**

Please fill out a separate form for each child registering. _____
Child's first name Child's last name

Parent(s) /Guardian(s) Name(s): _____

Address: _____ City: _____ Zip: _____

Day Phone: _____ Home Phone: _____ E-mail: _____

Child's Age: _____ Grade Entering: _____ School: _____

****T-shirt size (please circle your child's size): Youth: S M L ADULT: S M L XL**
(T-shirt orders will be placed a month before the program – we may not be able to exactly match the size that is indicated.)

Fee: \$100.00 per child for first child, \$80 for each additional child in the same household for each week.
All Registration fees are Non-Refundable. You will receive an e-mail confirmation of Registration.
 Make checks payable to: **Park District.** Mail it or return it in person on Saturdays to:

**Hidden Valley Nature Center
 11401 Arlington Ave.
 Riverside, CA 92505**

EMERGENCY MEDICAL INFORMATION NATURE CAMP

Please fill out separate medical forms for each Nature Camp Attendee

_____	_____	_____
Father's/Guardian's Name	Work Location	Day Phone
_____	_____	_____
Mother's/Guardian's Name	Work Location	Day Phone
_____	_____	_____
Babysitter's Name	Phone	
_____	_____	

Name of persons authorized to take child from the facility (this child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

Name: _____ Telephone: _____ Relationship: _____

[(We), the undersigned, parent(s) of _____, a minor, do hereby authorize the Riverside County Regional Park and Open-Space District, its adult agents and employees, into whose care said minor has been entrusted while attending programs at Riverside County Regional Park and Open-Space District and participating in said program activities, to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the Riverside County Regional Park and Open-Space District, its adult agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist, in the exercise of his best judgment, may deem advisable.

It is understood that I, the parent, will assume financial responsibility for costs incurred for treatment or hospital care. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

The undersigned is (are) person(s) having the legal custody of, or is (are) the legal guardians of said minor:

Father/Mother's Signature: _____ Legal Guardian's Signature: _____ Date: _____

Specific information or instructions to Doctor or Nurse: _____

Allergies: _____

Date of last Tetanus: _____ Current Prescriptions: _____

Physician: _____ Physician's Phone Number: _____

Hospitalization Name and Policy Number: _____