2009 Registration Info

Please read and carefully fill-out the registration forms. In keeping with increased demand and changing demographics regarding our summer programs, we have made additional changes to the registration process.

Registration Info:

To register your child for a Day Camp, a registration form, waiver, and photo release must be completed by the day of registration. These forms will be taken no earlier than Saturday, March 28th beginning at 10:00 a.m. and must be completed by the parent or legal guardian of the child. A limited number of spaces are available and registration for each camp is on a first-come, first-served basis.

HCPR staff has attempted to make the registration process as simple and fast for our patrons as possible. However, due to the demand for these programs, we suggest parents anticipate a wait. HCPR staff may issue tickets to each person in line when the line length and/or weather deems necessary. Ticket release time is undetermined until registration morning.

HCPR will allow relatives or family friends to register children as long as the parent/ legal guardian of that child has completed the registration form. A strict limit of **four** additional children per registering family will be applied.

Camper Ages:

Child must be of age by August 1, 2009. Parents can only sign up their child for one session of the age appropriate camp and are only permitted to attend the camp for their designated age group. This will help maximize your child's experiences at camp.

Payments:

Payments can be made by cash or check only. When paying by check please make checks payable to HCPR and include your Driver License or Social Security number. Payment must be received on the day of registration.

Refunds:

A full refund will be given if the child's parent withdraws their child before 5:00 p.m. on June 8, 2009. A partial refund of 50% will be given if the parent withdraws their child after June 8th. A cancellation form must be completed in order to receive any refund. Camp availability is on a first-come, first-served basis. Any available opening will be made to the next available person on the waiting list. Please contact the Cool Creek Nature Center by phone at 317-774-2500 or visit the website if you need to obtain a copy of the Cancellation Form.
www.myhamiltoncountyparks.com

Camp Registration Form 2009

Camper's Full Name: _____

Parent/Legal Guardian Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ (Please indicate which is best to use.)

Email: _____

Emergency Contacts:

Name	Day Phone	Relation

Age: _____ Date of Birth: _____ Gender: _____

(Activities are best suited for a specific age. Child must be of age before August 1st, 2009.)

Buddies in Camp: Name: _____ Age: _____

Name: _____ Age: _____

We strive to be a camp where everyone feels included and welcome.
We will try to put friends together, but it is not guaranteed.

Has your child been to camp before? _____ How many years? _____

Child's T-Shirt Size (Day camps only, please circle one):

Child Sizes:	S (6-8)	M (10-12)	L (14 -16)	
Adult Sizes:	S	M	L	XL

Camper Pick-Up Information

Please list all adults who are authorized to pick up your child.
Cool Creek Park camp staff can only release your child to those listed below.

Name	Day Phone	Relation

Please notify staff if anyone will be visiting your child.

The Camp Coordinators must be notified in advance and in person to make any adjustments.

Staff Use Only

Camp Registration Form 2009

Camper's Full Name: _____

Health History

The following is a list of potential activities your child may be participating in during camp:

Hiking, wading in creek, outdoor cooking, evening activities, running, contact with animals, contact with plants

To accommodate the health and safety needs of campers, please fill out the medical information below.

Does your child have any restrictions due to physical limitation, illness, surgery, or a medical condition?

_____

Please check all that apply:

Allergies:

_____ Hay fever

_____ Insect Stings

_____ Pollen

_____ Penicillin

_____ Food (see food and snacks below)

_____ Plants other than Poison Ivy _____

_____ Other Drugs (Specify) _____

_____ Other (Specify) _____

Medical Conditions:

_____ ADD/ADHD

_____ Epilepsy

_____ Seizures

_____ Hearing

_____ Diabetes

_____ Phobias (Specify): _____

_____ Learning Disabilities _____

Other (Specify): _____

Food and Snacks:

Staff will provide snacks. Are there any dietary needs, allergies, restrictions, or concerns that we need to know?

_____

Name of child's doctor or physician: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

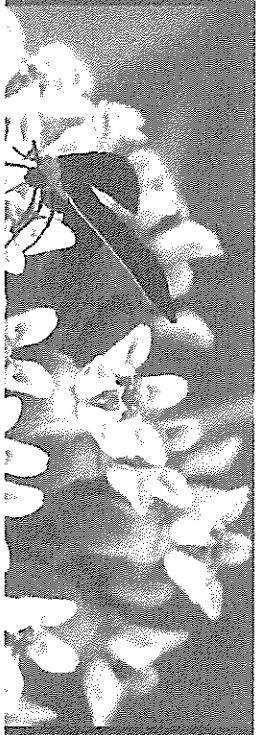
I understand that the above information may be needed to maintain the health and safety of camp participants. Camper information is kept confidential by staff and is not used to limit participation in camp activities.

Parent/Guardian: _____ Date: _____

Please Print: _____

PARK BOARD

Andrew Prather
President
Ernest Millikan
Vice President
Philip Shelby
Secretary
Larry Roudebush
Treasurer
Dr. Judith Campbell
Member
Mark McCauley
Member
Susan Peterson
Member
Stephen Andrews
Attorney



PARK STAFF

Allen Patterson
Director
Christopher Stice
Deputy Director
Amanda Smith
Superintendent of Natural Resources and Education
Sean Schnaiter
Facilities and Grounds Manager
Bruce Oldham
Regional Park Manager
Gary Knowlton
Cocktail Gardens Park Manager
Michele Dixon
Marketing and Event Specialist
Kurtis Baumgartner
Volunteer and Resource Development Specialist
Megan Gutierrez
Naturalist
Dan Popiela
Naturalist
Alesa Cox
Office Manager
Tawny Amburgey
Administrative Assistant

Cool Creek Nature Center
2000-1 East 151st Street - Carmel, Indiana - 46033
www.myhamiltoncountyparks.com

Photograph and Video Release

I give Hamilton County Parks and Recreation Department, its assigns, licensees, and legal representatives the irrevocable right to use my child's name, picture, portrait, or photograph in all forms and media and in all manners for advertising, trade or other lawful purposes, and I waive the right to inspect or approve the finished version(s) including written copy that may be created in connection therewith. I am of full age. I have read this release and am fully familiar with its contents. I am the parent or guardian of the named child and have the legal authority to approve the foregoing and waive any rights in the premises.

Please print:

Parent/ Guardian:_____
Address:_____
Signature of Parent/ Guardian:_____
Date:_____

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Waiver/Release From Liability

In consideration of the permission and privilege granted me by the Hamilton County Parks and Recreation Department ("Department") to Utilize Department facilities and services and all related events and recreational activities including, by way of illustration and not by way of limitation, classes, special events, nature programs, swimming, diving, and organized sports, I, the undersigned, for myself, my heirs, assigns and administrators and all other persons within my custody and control, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE THE DEPARTMENT AND ANY OTHER GOVERNMENTAL AGENCY OF HAMILTON COUNTY, INDIANA ITS AGENTS, OFFICERS AND EMPLOYEES from any and all liability to the undersigned, my heirs, assigns, administrators and persons over whom I may have custody and control, of and from all claims, demands, actions, causes of compensation on account of the death or injury to my person or property and any and all known and unknown, foreseen and unforeseen damages and consequences thereof caused by or arising out of my use of Department facilities or participation in any Department activity or event.

I certify and warrant that I am in good physical condition and able to participate in the above referenced activities and do agree to do so at my own risk. With respect to my children or other persons over whom I have care and custody, I certify and warrant that to the best of my knowledge such children or other person are in good physical condition and able to participate in above referenced activities.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

This Waiver/ Release From Liability shall be construed as a contract between the undersigned and the Hamilton County Parks and Recreation Department and the terms of this Waiver/ Release From Liability are contractual and not mere recital.
The undersigned acknowledges that the consideration received for the Waiver/Release From Liability included the permission granted to utilize Department facilities and participate in Department programs, and that this Waiver/Release From Liability is intended to be as broad and as inclusive as permitted by the laws of the State of Indiana.

IN WITNESS WHEREOF, I have executed the Waiver/Release From Liability on_____, 2009

Participant:

Printed Name of Participant	Street Address
Signature of Participant	City State Zip Code

Parent and/or Legal Guardian:

Printed Name of Legal Guardian	Signature of Legal Guardian

Parks Department:
Accepted this _____day of_____, 2009

By: _____
Superintendent