

FREE\*

2009



# SUMMER CAMP

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## FOTW'S NATURE EXPLORERS SUMMER DAY CAMP

July 6– 24 (Mon - Fri) | 9:00 - 3:00 | Rising 6th (11yrs old), 7th, 8th & 9th Graders

**Description:** FOTW's Nature Explorers Camp is designed for rising sixth, seventh, eighth and ninth graders with a focus on a variety of environmental topics approached via field explorations and hands-on activities. Located at University Woods, campers cover topics such as insects, habitats, water, life sciences, plant life, tree identification, and wildlife care. In addition, they learn the importance of community stewardship, gain leadership skills, and improve their self-esteem. The three week program concludes with a presentation to the community at the University Heights Block Party/ Street Fair on July 25.

**Packing List:** Comfortable Clothes | Closed Toed Shoes | Sunscreen | Non-aerosol Bug Repellent | Water Bottle (Must Have!) | Snack will be provided | Poncho or Rain Gear | Long Pants (for field work)

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### Additional Information about Nature Explorer Camp

- Nature Explorer Camp has a maximum of 25 campers per session.
- Nature Explorer Camp takes place at University Woods and is facilitated by Friends of the Woods in conjunction with The Horticulture Society of NY, Harlem River Ecology Center, Wild Metro, Natural Resources Group and Central Park Conservancy.
- Campers will be provided with a welcome packet on the first day of camp. They will be required to bring this packet with them everyday. Without it, they will not be able to fully participate in the program.
- Campers are expected to arrive at camp everyday on time during the duration of this program. Any prescheduled conflicts should be noted on the registration form.
- Campers are to be picked up by 3:05. Campers must be given permission in writing if they are able to travel home alone.
- Parents or guardians that pick up the campers must be able to provide ID and be on the pick-up list.

**FOTW SUMMER CAMPS**  
making summer fun with nature

For more information call 718-228-9309 or email [crow@uniwoods.com](mailto:crow@uniwoods.com) or visit [www.uniwoods.com](http://www.uniwoods.com)

\* This program is made possible by a grant received from the New York City Environment Fund



For office use only:  
Date Received \_\_\_\_\_  
All paperwork in \_\_\_\_\_

# 2009 Summer Camp Registration Form

Return completed registration form to: Friends of the Woods, 2254 Cedar Avenue 1C, Bronx, NY 10468  
Or register online at [www.uniwoods.com/crow](http://www.uniwoods.com/crow)

## Camper Profile

Camper Name \_\_\_\_\_

Last Name First Name/Name Goes By

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Age \_\_\_\_\_ Grade (fall 2009) \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender:  Male  Female

School \_\_\_\_\_

US citizen:  Yes  No If No then \_\_\_\_\_

T-shirt size:  Child Small  Child Medium  Child Large  Adult Small  Adult Medium  Adult Large  Adult X-Large

## Family Profile

Mother's Name \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_  
First Name Last Name

Place of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_  
First Name Last Name

Place of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Family E-mail address \_\_\_\_\_

## Authorized Pick-up and Emergency Contact

List in order the names of anyone, other than mother and father, you wish FOTW to contact for emergency purposes or whom you authorize to pick up your child. Specify relative, friend, etc. and phone number.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about the camp offered by FOTW? \_\_\_\_\_

**Finish on back**

# Parent Authorizations and Policies

To the best of my knowledge this information is correct, and the individuals herein described have permission to engage in all camp activities unless restrictions are noted.

Realizing that a sudden illness or accident may happen to a camper, I hereby ask FOTW to use their best judgment in such cases in caring for my child/children. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by FOTW to secure and administer treatment, including hospitalization, for my child/children. I authorize FOTW to provide or arrange necessary transportation for my child/children. I further understand that camp fees do not include accident or illness insurance and **neither FOTW nor its partners is responsible for any expenses incurred**, and I agree to release any records necessary for insurance purposes. A completed Health Information and History for each camper is required prior to participation. I give permission for my child to have sunscreen applied.

I give permission for use of my child/children in promotional photographs and/or videos. I give permission for my child/children to be interviewed, photographed, and/or video taped by the news media, including newspaper, television, and/or radio, for FOTW/camp community interest stories.

I agree to drop my child/children off on time everyday and to pick them up on time or make arrangements to have them picked up on time. I understand that failure to respect the time of the FOTW staff may result in your child/ children not being able to continue in future day camp programming.

I have read and understand that FOTW reserves the right to cancel enrollment if paper work is not completed and turned in on time. I understand that it is my responsibility to contact FOTW in the event I must cancel a session of camp. I understand there is no reentry in the program should my child/children be sent home for not complying with FOTW camp rules.

These authorizations and policies constitute the full understanding of the parties hereto and no change, modification or waiver of any of these authorizations and policies shall be effective unless in writing and signed by both parties.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Camper Health Information and History

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender  Male  Female  
Last Name First Name MI

Medical Insurance Carrier \_\_\_\_\_ Group/Policy# \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

**Restrictions** Explain fully any and all restrictions that apply to this individual \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** List allergies to medication, food, insect bites/stings, etc., include symptoms (use additional paper is necessary)  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** List all prescriptions and non-prescriptions camper takes routinely.; include dosage, and reason for medication.  
\_\_\_\_\_  
\_\_\_\_\_