

# WITTENBACH/WEGE CENTER – SUMMER CAMP REGISTRATION FORM

## Camper Information

Camper's Full Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Day Time Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone(s): (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Best Number to be Reached at: Day Cell Work

E-mail \_\_\_\_\_

Grade Entering in Fall 2015: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## Emergency Contact Information

Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

## Camp Information

Camp Choices (please check one): \_\_\_\_\_ Camp Fee: \$ \_\_\_\_\_

\_\_\_\_ Tiny Trekkers Summer Series (\$20) Children 3 – 6 years & Parent/Care Giver June 13-16  
10:00 – 11:30 am OR 1:00 – 2:30 pm

\_\_\_\_ Junior Master Naturalist (\$160) Acorns (entering grades 2, 3, 4) Weekly, June 14 – Aug 9 (9:30-3:00)

\_\_\_\_ Junior Master Naturalist (\$160) Oaks (entering grades 5, 6, 7, 8) Weekly, June 14 – Aug 9 (9:30-3:00)

\_\_\_\_ Junior Master Gardener (\$160) Level 1 (entering grades 4, 5, 6) Weekly, June 16 – Aug 11 (9:30-3:00)

\_\_\_\_ Junior Master Gardener (\$160) Level 2 (entering grades 5, 6, 7, 8) Weekly, June 16 – Aug 11 (9:30-3:00)

**Cancellations:** Camps will be held with a minimum of 5 students and a maximum of 15. Cancellations with a full refund will be taken up until June 3, 2016. After this date, cancellations will be charged a \$40.00 fee. Cancellation fees will be automatically deducted from any due refund. Parents will be notified by June 7<sup>th</sup> if a camp will be cancelled due to low registration. If this occurs, parents will receive a full refund. **Please mail your registration, along with a check made payable to Lowell Area Schools, by June 3, 2016 to:** Courtney Cheers, WWC Director, 11715 Vergennes, Lowell, MI 49331 (616) 987-2565 or [ccheers@lowellschools.com](mailto:ccheers@lowellschools.com)

## Additional Information

How did you hear about this camp? \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies (food or environmental)? If so, please list. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camp drop off is as early as 9:15 am. Children are expected to be picked up no later than 15 minutes after camp ends.

## Parent Agreement and Photo Waiver

I give my permission to allow the Wittenbach/Wege Center & Lowell Area Schools to photograph my child for the purposes of evaluating and marketing our summer camps. I understand that images of my child will not be sold or used to produce materials for profit or sale.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

The Wittenbach/Wege Agriscience and Environmental Education Center is located approximately 20 miles east of Grand Rapids at 11715 Vergennes, Lowell, Michigan, right across the street from the Lowell High School. Contact [ccheers@lowellschools.com](mailto:ccheers@lowellschools.com) or 616-987-2565 for directions. The center is supported by a grant from the Wege Foundation and Lowell Area Schools.

Lowell Area Schools is an affirmative action, equal-opportunity employer. Programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

## Medical Authorization and Release Agreement

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
(Print your first and last name) (Print child's first and last name)

consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed above. In the event that I cannot be reached, I authorize the Wittenbach/Wege Agriscience and Environmental Education Center and Lowell Area Schools staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless the Wittenbach/Wege Agriscience and Environmental Education Center and Lowell Area Schools, its officers, board members, supervisors, agents, servants, employees and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of WWC and LAS Personnel, as a result of my child's participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date