

**CAMP REGISTRATION/WAIVER**  
**(Effective April 30, 2013 - April 30, 2014)**  
**MACON COUNTY CONSERVATION DISTRICT**  
**ROCK SPRINGS NATURE CENTER**  
 3939 Nearing Lane, Decatur, IL 62521  
 phone - 423-7708  
[mccd@maconcountyconservation.org](mailto:mccd@maconcountyconservation.org)

Please fill out and return as soon as possible.  
 Your child cannot attend camp without a signed registration/waiver form.  
 Please print legibly

Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 email \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Mom's Cell: \_\_\_\_\_ Mom's Work: \_\_\_\_\_  
 Dad's Cell: \_\_\_\_\_ Dad's Work: \_\_\_\_\_

(fill out for each participant and each camp for which you are registering – see information sheet)

Participant's name	Age	Birthdate	Camp name	Dates Attending	Fee

TOTAL FEE \_\_\_\_\_

Earth Adventures, Junior Pioneer and Pioneer Camps only:  
 T-shirt Eligibility: child must be registered for 4 or more days of camp

Child's name \_\_\_\_\_ T-Shirt Size (Small, Medium, Large): \_\_\_\_\_ Youth or Adult: \_\_\_\_\_  
 Child's name \_\_\_\_\_ T-Shirt Size (Small, Medium, Large): \_\_\_\_\_ Youth or Adult: \_\_\_\_\_  
 Child's name \_\_\_\_\_ T-Shirt Size (Small, Medium, Large): \_\_\_\_\_ Youth or Adult: \_\_\_\_\_  
 Child's name \_\_\_\_\_ T-Shirt Size (Small, Medium, Large): \_\_\_\_\_ Youth or Adult: \_\_\_\_\_

How did you hear about this program?  
 School flyer \_\_\_ Friend \_\_\_ Attended before \_\_\_ Newspaper \_\_\_ Prairie Islander Newsletter \_\_\_  
 Channel 22 \_\_\_ Decatur Public Library \_\_\_ Conservation District Website \_\_\_ Facebook \_\_\_ other \_\_\_

Would you like to receive the Prairie Islander Newsletter published by  
 the Macon County Conservation District?  
 I already receive \_\_\_\_\_ Please sign me up \_\_\_\_\_ Please remove me \_\_\_\_\_

**Both pages MUST be completed!**

**Medical Emergency Contact Information:**

List below any health considerations which may affect the camper's (campers') participation in Conservation District activities: allergies, heart problems, asthma, required medications, physical impairment, etc....

Participant's name \_\_\_\_\_ health considerations \_\_\_\_\_

Participant's name \_\_\_\_\_ health considerations \_\_\_\_\_

Participant's name \_\_\_\_\_ health considerations \_\_\_\_\_

Participant's name \_\_\_\_\_ health considerations \_\_\_\_\_

**Emergency Contact Information:**

Relative or neighbor who can be reached or will know how to reach parent or guardian in case of emergency and the parent or guardian cannot be reached by Macon County Conservation District Staff.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone – home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Waiver**

I, as a participant and/or parent or guardian of the before named participant(s), in consideration of the acceptance of my/his/her/their entry, do hereby waive, release, and hold harmless the **Macon County Conservation District** and its agents, employees and representatives from any and all liability including, without limitation to, liability for any physical or mental injury or aggravation of any pre-existing illness or handicap, property damage or losses, and for any other liability or injury which may be sustained by the participant(s) in travel, participating in, and returning from camp. I certify that the before named participant(s) does(do) not have any physical and/or mental deficiencies which may be aggravated, or in any way endanger him/her/them, by traveling to, participating in, and returning from the camp.

In case of serious injury or accident the before named participant(s) will be transported by paramedics to a qualified facility. Preferred Hospital: \_\_\_\_\_

**Photo release**

I do hereby grant permission to use my and/or my child's (children's) name(s) and/or likeness(s) for promotional purposes or publicity.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Today's Date

**Both pages MUST be completed!**