

2017 Welty Camp Application

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work/Call Phone	Home Phone	Work/Cell Phone
Address	Address		
City, State ZIP Code	City, State ZIP Code		
Email Address:	Email Address:		

Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work/Cell Phone	Work/Cell Phone
Address	Address
City, State ZIP Code	City, State ZIP Code
**Who will be responsible for picking child up from camp (names)?	Cell/Work numbers

Medical Information

Hospital/Clinic Preference	
Physician's Name And Address	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations: Please list any special health-related needs of child (allergies, medications, injuries, emotional or physical conditions)

Any conditions that limit mental or physical ability that we should be aware of?

Any other special needs your child may have?

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I agree to pay all costs and fees contingent on any emergency care and/or treatment for my child as secured or authorized under this consent.

Parent's/Guardian's Signature

Date

I give permission for my child to participate in hiking and other activities at Big Hill Park for Welty learning programs. I release Welty Environmental Center and individuals from liability in case of accident during activities related to Welty programs, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

I understand that if my child exhibits disruptive behavior during a camp session, especially if it creates an unsafe environment for the child or other campers, Welty will call to have that child picked up and removed from camp. Welty will evaluate the severity of the incident with the child's parents to determine if s/he can return to camp the following day.

Parent's/Guardian Signature

Date

Photos

Please note that Welty Camp activities may be photographed for future brochures, our Facebook page, or for group pictures. Due to the public nature of our facilities we cannot be responsible for photographs made by the media or others. We will, however, do our best to adjust according to your needs. Should you have any such concerns, please contact the Welty Environmental Center in writing at the time of your registered program.

Parent's/Guardian's Signature

Date

REGISTRATION FOR ALL CAMPS

Please fill out chart for each camper and total all weeks. A 10% discount applies for each additional camper (and can be calculated for all campers below to determine a single payment).

If you are not a member and are signing up for two or more weeks, the annual family membership (\$40) will reduce your costs \$20 per week and pays for itself; membership is good for the calendar year, and applies to all Welty programs for 2017.

Camp Dates	Camp Name	Member/Non Member Fee	Total
Welty Wednesdays			
June 21, 9-11am	How Animals Move	\$5/\$7	
July 19, 9-11am	Planting My Own Garden	\$5/\$7	
August 2, 9-11am	My Favorite Colors of Nature	\$5/\$7	
Fun Fridays			
July 7, 9am-3pm	Exploring Wisconsin's Geology	\$20/\$25	
July 21, 9am-3pm	Understanding our Groundwater	\$20/\$25	
August 4, 9am-3pm	Tech in the Park	\$20/\$25	
Themed Day Camps			
June 12-16, 9am-3pm	Jr. Naturalist Training (Age 13+)	\$100/\$120	
June 26-30, 9am-3pm	Bugs, Bugs Everywhere	\$100/\$120	
July 24-28, 9am-3pm	Tech in the Park	\$100/\$120	
August 7-11, 9am-3pm	Conservation Warriors	\$100/\$120	
August 14-18, 9am-3pm	Art Inspired by Nature	\$100/\$120	
Special Events			
June 23-23	Mother/Daughter Overnight Camp	\$20/2 +\$10 per add'l child	
August 18, 5-8pm	End of Summer Cookout	\$10/family	
		TOTAL	
		TOTAL for other campers	
		If registering more than one child subtract 10% of total for other campers	
		Family Membership (\$40)	
		GRAND TOTAL	

Payment Type			Email Receipt (y/n)	TOTAL
Check # _____				
Credit Card Number (MC, Visa, AmEx, Discover) _____	Exp. date	3-digit code		

Please return completed applications (one per child) to info@weltycenter.org, if using a credit card; by mail to Welty Environmental Center 1201 Big Hill Ct Beloit, WI 53511 if using a credit card or check; or you can pay in person at the above address (credit card, check, cash).

If you wish to change your registration to a different week, you can do so up to one week before the camp (if there is space). If you need to cancel, you can get a full refund (less \$10 processing fee) up to 15 days before camp starts. If you cancel within 15 days of camp starting, you will get a 75% refund. Welty cannot pro-rate full weeks of day camp.