

MLTNS 2019 Earth Guardians Adventure Days Camp Registration

(Please use **ONE FORM PER CAMPER**. You may copy this form. Thank you.)

Enrollment begins April 2, 2019 (Early registration for MLTNS Members begins March 5, 2019)

Entering Grade of Camper _____

Camper's Age _____

Camper's Name _____

Parent/Guardian _____

Daytime Phone _____

Cell Phone _____

Address _____

City _____

State _____

Zip _____

E-mail _____

Discoverers (Ages 3-6)

Time: 8:30 a.m. – 12 p.m.

Cost: \$145 (member \$110)

- _____ June 17-21 ----- Flutter, Float, Fly ♣♣
 _____ June 24-28 ----- Wild Child ♣♣
 _____ July 15-19 ----- Knee High to Nature ♣♣
 _____ July 29-Aug 2 ----- Puddle Jumpers ♣♣

All the Kids (Ages 6-14)

Time: 8:30 a.m. – 3:00 p.m.

Cost: \$180 (member \$150)

- _____ June 10-14 ----- Living with Wildlife ♣♣
 _____ June 17-21 ----- Wildlife Warriors ♣♣
 _____ June 24-28 ----- Creek Critters ♣♣
 _____ July 15-19 ----- Prehistoric Park ♣♣
 _____ July 22-26 ----- Crafts n' Critters ♣♣
 _____ July 29-Aug 2 ----- Sanctuary Splash ♣♣

Overnight (Ages 8-14)

Time: 8:30 a.m. – 3:00 p.m. (7pm-9am Th-Fri)

Cost: \$195 (member \$165)

- _____ July 8-12 ----- Sun and Stars Lock-in Camp ♣♣**

Earth Guardian in Training (Ages 14-17)

Time: 8:15 a.m. – 3:30 p.m.

Cost: \$75 (member \$45)

Choice of "All the Kids" camp to attend: _____

** 7pm Thursday overnight to 9am Friday Morning {M, Tu, W; 8:30am-3pm}

Single Day Camps (Ages 6-14 recommended) ♦

Time: 8:30 a.m. – 1:00 p.m.

Cost: \$35 (member \$25)

- _____ June 6 ----- Animal Encounters ♣♣
 _____ August 6 ---- Wilderness Adventure ♣♣
 _____ August 7 ---- Rush Creek Ruckus ♣♣
 _____ August 8 ---- Children's Fossil Find ♣♣
 _____ EGADS T-shirt \$11.00 each

Family Summer Programs (Ages 4 and up) ♦

Time: 10 a.m. – 1:30 p.m.

Cost: / family of 4: \$50 (member \$35) \$5/additional member

Indicate number of people attending: _____

- _____ June 29 ----- Family Fossil Find ♣♣
 _____ August 3 ---- Creekin' Family Fun ♣♣
 _____ EGADS T-shirt - \$11.00

Family Night Out (Ages 4 and up) ♦

Time: 7:00 p.m. Friday - 9:00 a.m. Saturday

Cost: \$125 / family of 4, \$10 / additional member (members \$105 / family of 4, \$5 / additional member)

Indicate number of people attending: _____

- _____ August 9 - 10 ----- Family Night Out
 _____ EGADS T-shirt - \$11.00

- ♦ T-shirts are optional for these camps, but they sure are fun and families look GREAT in matching shirts.
 ♣♣ This symbol means campers may get very wet, bring a change of clothes and shoes. Shoes MUST cover the feet completely.

Please fill out Emergency Contact / Health Information and T-shirt size on reverse or page 2

Want our member discount? Join or Renew Today!

- Bluebird \$50
 Bluestem \$75
 Monarch \$125
 Kingfisher \$250
 Martha's Circle \$1,000 & up
Lifetime Membership

Payment (please check one and complete):

- Check # _____
 Credit Card [please call (816-781-8598) or include e-mail above and check this box for online billing]
 Check here if before or after care is needed at \$5/half hour, set-up the care schedule during the confirmation process.
 Stop by with cash (do not mail cash)

Please check one: Member Non-member

TOTAL FEE ENCLOSED \$ _____

BELOW THIS LINE FOR OFFICE USE ONLY

Membership Exp. Date _____

Registration Book _____ Receipt No. _____ Date Confirmation Sent _____ By _____

Emergency Contact / Health Information

(Not Required for Family Summer Programs)

Name of Camp _____

Camper's Name _____

Name(s) of Parent(s) / Guardian(s) / other Emergency Contacts and their relationship to the camper:

- | | | | |
|-----|------|------------------------|------------|
| 1). | Name | Relationship to camper | Phone #(s) |
| 2). | Name | Relationship to camper | Phone #(s) |
| 3). | Name | Relationship to camper | Phone #(s) |

Doctor _____
Name _____ Phone #(s) _____

List any allergies (food, animals, environmental, etc.) that may affect your child's participation in camp:

List any medications your child will take during camp hours. Parents must deliver such medications to a MLTNS staff member. Medication must be in a prescription container that is labeled with name of medication, camper's name, and correct dosage. Our staff cannot administer medication but will hold appropriately marked containers.

List any other health related issues which may affect your camper's participation in camp:

List any other special concerns, behavior or educational needs you feel the staff need to be aware of:

Liability and Image Release (Applies to All Camps and Programs)

The Nature Sanctuary and its staff and volunteers are released from any liability for personal injury and/or property damage resulting from participation in any of the camps or programs. During the camps and programs, photographs and/or video may be taken for educational promotion purposes. At the Nature Sanctuary's discretion, these photographs and/or video may be used in print, on TV or online.

Parent/Guardian Signature: _____ Date: _____

Camper T-Shirts: Please Indicate the T-Shirt Size for Your Camper

One T-shirt is included in the cost of all 5-day camps; additional T-shirts may be purchased for \$11.00 each. T-shirts are not included with Single Day Camps and the Family Summer Programs, but may be purchased for \$11.00 each. Please indicate size and quantity requested. {Camp Shirts may not be available for last minute registrations.}

_____ Youth XSmall _____ Youth Small _____ Youth Medium _____ Youth Large _____ Youth XLarge (adult small)
_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XLarge _____ Adult 2XLarge

(For size reference, a Youth X-Small is approximately a 6/8.)



Return Completed Registration and Payment to:

Martha Lafite Thompson Nature Sanctuary
407 N. La Frenz Road, Liberty, MO 64068

Questions? Please call (816) 781-8598

www.NatureSanctuary.com

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