



2018 Pocahontas County Conservation Board Summer Day Camp

Return Form & Payment to: PCCB, 702 NW 7th St., Pocahontas, IA 50574

Use a separate form for each student. Please complete the front & back of this page.

Camper's Name & Nickname if any _____ Age & Birth Date _____ Grade This Fall _____

Parent/Guardian Name _____

Address: _____

Street

City

State

Zip Code

() _____ () _____
Home Phone Work Phone

() _____
Cell Phone Email Address

Jr. Naturalist Camp ~ Back to Nature!

All students entering Grades K - 6 this fall are welcome!

Day Camp is held at the PCCB Nature Center located on Hwy. 4 in Pocahontas just north of the Hospital and Manor. Cost for the camp is \$10 per student and includes games, crafts, snacks, and field trip outing. Please check the dates you plan on attending.

- Tuesday, July 31, 9:00 - 11:00 a.m. Stories of Nature
- Wednesday, August 1, 9:00 - 11:00 a.m. Secrets of Nature
- Thursday, August 2, 9:00 a.m. - 3:00 p.m. Field Trip to Dickinson CCB

Registration deadline Friday, July 27

Call 712-335-4395 or email conservation@pocahontas-county.com to reserve your spot.
You won't want to miss this year's adventure!

Payment Type: ___ Cash ___ Check (Payable to PCCB) **\$10**

(OVER) ►

PCCB Day Camp - Camper Information Form

Please provide the following information about your child. This form will be kept at the PCCB Office in case of emergency. This form must be completed for your child to attend camp. Thank you!

Child's Name _____ Preferred name for button _____
Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime Phone _____

If neither parent is available, contact:

Name _____ Relationship _____
Address _____ Phone _____
Doctor's Name _____ Phone _____

Allergies to food, medicine or insects: _____
Special dietary needs: _____
Health or physical considerations: _____
Other helpful information _____

Emergency Release

In the event of an emergency, I give permission for the Pocahontas County Conservation Board staff to administer first aid and/or obtain medical treatment for my child, _____.
I further understand that every effort will be made to contact me and/or my emergency contacts.
I give permission for emergency care and transportation to the nearest hospital, if necessary. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

Parent/Guardian Signature Date

Carpool Information: My child may be dropped off or picked up by the following people:

Name, relation & phone #: _____
Name, relation & phone #: _____

Return to:
Pocahontas County Conservation
702 NW 7th St., Pocahontas, IA 50574

Questions:
Corinne Peterson, Naturalist
712-335-4395 or naturalist@pocahontas-county.com



Forms & Info on PCCB Website:
www.pocahontas-county.com/conservation

*"Conserving Our Natural Heritage
For Those Who Follow"*