

2010 NATURE DISCOVERY PROGRAMS REGISTRATION FORM

Please complete both the registration form and health form and return it with payment. Your registration is not official until full payment has been received. **Mail to York County Parks, 400 Mundis Race Road, York, PA 17406.** You may also register over the telephone if paying with a Visa, Discover or MasterCard, but the completed health form must be returned to our office by May 1<sup>st</sup>. **Call (717) 840-7440 between 8:30 am – 4:30 pm, Monday through Friday.**

For specific questions concerning a session or session(s), please contact Jeri Jones, York County Parks Program Coordinator at (717) 840-7226. Do not use this telephone number for registration. ***The age limit on all sessions is strictly enforced, no exceptions. Please, one child per form!***

Name \_\_\_\_\_ Age \_\_\_\_\_ (as of class date)

**Birth Date and Location:** \_\_\_\_\_

**Name to be placed on Name Badge (if different from above)** \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

I would like to enter my child for the following session(s):

_____ Small Wonders	Various	10:00 – 11:15 a.m.	\$ 20.00
_____ NDP 1	June 22 - 25	9:00 – 11:30 a.m.	\$ 60.00
_____ NDP 1	June 22 - 25	1:00 - 3:30 p.m.	\$ 60.00
_____ NDP 2	August 3 – 6	9:00 – 11:30 a.m.	\$ 60.00
_____ NDP 2	August 3 - 6	1:00 - 3:30 p.m.	\$ 60.00
_____ NDP 3	July 20 - 23	Varied	\$130.00
_____ Archaeology Week 1	July 5 – 9	9:00 a.m. – 3:00 p.m.	\$135.00
_____ Archaeology Week 2	August 9 – 13	9:00 a.m. – 3:00 p.m.	\$135.00

Total Enclosed \$ \_\_\_\_\_  
Make checks payable to York County Parks

I am using (circle one)      VISA              MASTERCARD      DISCOVER

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

# HEALTH INFORMATION

(PLEASE COMPLETE AND RETURN WITH REGISTRATION)

STUDENT' S NAME \_\_\_\_\_

AGE (as of class date)\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Class Enrolled In: \_\_\_\_\_ NDP 1 AM\_\_\_\_\_ PM\_\_\_\_\_ \_\_\_\_\_ NDP 3  
\_\_\_\_\_ NDP 2 AM\_\_\_\_\_ PM\_\_\_\_\_ \_\_\_\_\_Small Wonders  
\_\_\_\_\_ Archaeology Week 1 \_\_\_\_\_ Archaeology Week 2

EMERGENCY CONTACT NAME:\_\_\_\_\_

RELATIONSHIP:\_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

PHYSICIAN' S NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ANY SPECIAL NEEDS OR ACCOMMATIONS, I.E. DYSLEXIA:\_\_\_\_\_

ANY MEDICAL CONDITIONS AND MEDICATIONS WE NEED TO KNOW ABOUT?  
\_\_\_\_ YES \_\_\_\_\_NO

IF YES, PLEASE EXPLAIN:\_\_\_\_\_

IS THE STUDENT ALLERGIC TO ANY ITEMS OR MEDICINE? \_\_\_\_\_YES \_\_\_\_\_NO

IF SO, PLEASE EXPLAIN:\_\_\_\_\_

RELEASE WAVIER: As the parent or guardian of the enrolled student, I grant my permission to the York County Department of Parks and Recreation, for the child to participate in all of the scheduled activities for the session(s). For special exceptions, I have made arrangements through the Parks Department to accommodate the student. I also give my permission to the Parks staff to administer emergency First Aid to the enrolled student as needed. The Parks staff will immediately telephone the emergency contact person following a serious incident.

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE