

ALLEY PARK ADVENTURE CLUB



Attention: Youth in grades 5th -8th interested in participating in exciting hands-on activities with the Outdoor Education Staff during the four seasons at Alley Park.

Pre-registration is necessary at least one week prior to each event.

(Email: alleyparkoe@yahoo.com or Call: 681-5025)

Fall Event – “In Cold Blood”

October 28, 2009

6:30-8:30pm Cost: \$ 4.00

Let's face it; some of the cold blooded animals can make you nervous. Face your fears as you watch our handlers hold and feed the live specimens. Perhaps you will be brave enough to touch one???

Winter Event – “Winter Camp-In”

February 14-15, 2010

An overnight experience in the Nature Center packed with fun activities.

Cost - \$ 25.00 per camper

Spring Event – “River Adventure”

Head over to the Hocking River for “Earth Day” activities

April 17, 2010

Summer Event – “K”night C.A.M.P.

The week long day camp includes an overnight experience on Thursday for this age camper.

July 5-9, 2010; July 19-23, 2010; August 2-6, 2010



**Lancaster Parks & Recreation
Registration/Health Form
Adventure Club – 2009/10**

Participant Information:

Child's Name: _____ Grade _____ Birth date _____

Name of Parents/Guardian: _____

Address: _____
Street City State Zip

Phone (Home): _____ Cell Phone: _____

Other Phone: _____ Email Address: _____

In Case of Emergency, Contact other than Parent/Guardian:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Check if participant is allergic to:

___ Foods (Specify) _____

___ Medications: Prescription or non-prescription drugs (specify) _____

___ Serious Ivy, Oak, or Sumac Poisoning: _____

___ Bee or Insect Stings: _____ Prescribed Treatment _____

LIST ALL PRESENT MEDICAL AND ALLERGIC CONDITIONS which require medication, treatment, or special restrictions or considerations in participant: *(Use back of paper if needed)*

___ Medications (and instructions): _____

PARENT/GUARDIAN RELEASE

_____ has my permission to participate in Alley Park Programs (with the exception of those restricted activities listed on this form). I understand participants will be supervised. I understand that there are some inherent risks in participating, which could cause injury to my child. I hereby waive all claims for damages and injuries against Lancaster Parks & Recreation, its staff, and volunteers. I further understand in case of serious injury or illness I will be notified. If I cannot be contacted, I give my permission to transport the participant to a local medical facility and the attending physician to hospitalize, and secure proper treatment.

Signature _____ Date _____