



Protecting & enhancing our community through public engagement, education, and the sustainability of our parks, open spaces, and trails.

50 Cowan Drive, Reno, NV 89509 | (775) 410-1702
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TRUCKEE MEADOWS PARKS FOUNDATION

AWARENESS • APPRECIATION • STEWARDSHIP

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[ADVOCACY](#)
[PROJECTS](#)
[PARKS](#)
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2020 Summer Camp Registration

*Camper Information

*First Name

*Last Name

*Grade Next Year

*School

*T-shirt Size

- ☐ Youth L
☐ Adult S
☐ Adult M
☐ Adult L
☐ Adult XL

*Camper Address

*Street Address

Address line 2

*City

*State

*Postal / Zip Code

*Country

*Parent/Guardian Information

*First Name

*Last Name

*Relation to Camper

*Phone Number

*Email

Parent/Guardian Address (if different from above)

Street Address

Address line 2

Address line 2

City

City

State

State

Postal / Zip Code

Postal / Zip Code

Country

- Country -

☐ Add Another Parent/Guardian***Emergency Contact - In case parent or guardian cannot be reached*****First Name**

*First Name

***Last Name**

*Last Name

***Relation to Camper**

*Relation to Camper

***Emergency Contact Phone Number**

*Emergency Contact Phone Number

Approved Pick-Up List

If someone other than the guardians listed above will be picking up your student from camp, please list them here. Also note that they will need to present a photo ID to be able to take your student home. Persons not listed on this form will not be permitted to pick up your student from camp.

Approved Pick-Up list

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Camper Health & Wellness

If your student is bringing any prescription or non-prescription medications to camp, please fill out the Medical Administration Form (found on our Summer Camp Webpage) and return it by the first day of camp.

Please List Known Allergies

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Do any of these allergies require an Epi-Pen?

☐ Yes☐ No

If yes, please fill out the Medicine Administration Form and return it by the first day of camp. The Medicine Administration Form can be found on our Summer Camp Webpage.

Are there any chronic or recurring illnesses/injuries that would affect the student at camp? (such as infections, seizures, bleeding disorders, asthma, special dietary needs, or activities to be encouraged or restricted) Please list and indicate any information that would be useful for the adult in charge to know:

(infections, seizures, bleeding disorders, asthma, special dietary needs, or activities to be encouraged or restricted) Type "none" if no restrictions

(infections, seizures, bleeding disorders, asthma, special dietary needs, or activities to be encouraged or restricted)
Type "none" if no restrictions

Healthcare Authorization

The health history of the person described herein is correct so far as I know and has permission to engage in all prescribed activities, except those restricted by me. In the event that I cannot be reached in an emergency, I give permission for the adult in charge to find and secure medical treatment for my child named above.

☐ *I give permission for the adult in charge to find and secure medical treatment for my child named above.***Signature*****Print/Type Name**

*Print/Type Name

***Date**

Liability Waiver

- ☐ *I, the undersigned, agree to allow my child to participate in the above named program in accordance with all rules and regulations. In consideration I hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all rights and claims that I may have, or may arise, against the Truckee Meadows Parks Foundation and /or the City of Reno, Washoe County, City of Sparks, their sponsors, their agents or representatives, for any and all injuries or losses suffered by my child while competing in, or in connection with the activity during camp. I understand that certain activities are physically challenging and potentially dangerous and I assume all risk associated with my child's participation. I represent that my child is physically and emotionally capable of performing and participating in the activities. I also acknowledge that my child will be traveling via van in order to attend off-site field trips and activities.

Signature**Print/Type Name*****Date*****Photo Release**

- ☐ I give permission for Truckee Meadows Parks Foundation to use any photographs, testimonials, artwork, writings, and/or classwork that my child completes through participation in the program for marketing and advertising, including but not limited to promotional materials, brochures, newsletters, annual reports, website, and social media. By signing below, I hereby acknowledge the above statement, and grant that any photographs or videos taken by Truckee Meadows Parks Foundation shall become property of Truckee Meadows Parks Foundation, and used only for promotional materials.
- ☐ I DO NOT give permission for Truckee Meadows Parks Foundation to use any photographs, testimonials, artwork, writings, and/or classwork that my child completes through participation in the program.

Signature**Print/Type Name*****Date*****Sun Screen Waiver**

- ☐ I give permission for staff, members, and/or volunteers of Truckee Meadows Parks Foundation to provide sunscreen for my child to apply themselves with supervision. The undersigned hereby agrees that neither the Truckee Meadows Parks Foundation, whose address is 50 Cowan Dr. Reno, NV 89509, nor any of their employees, agents, officers, or members of the board of directors will be held liable in any way for any injury, loss, death, or damages arising out of or resulting from administration of the foregoing described sunscreen, and further holds harmless and releases the Truckee Meadows Parks Foundation, their agents, employees, officers, and members of the board of directors from liability for any claim by or in behalf of the above named child resulting from administration of such sunscreen.
- ☐ I DO NOT give permission to provide sunscreen for my child to apply themselves with supervision. I understand the above named child may be exposed to direct sunlight and the risks associated with exposure.

Signature**Print/Type Name*****Date**

Week 1 (June 8-12): Battle Born - Investigating the Natural History and Heritage of Nevada

***Slots available - contact Devin Genovese at devin@tmparksfoundation.org**

*Slots available - contact Devin Genovese at devin@tmparksfoundation.org

Week 2 (June 15-19): Playing with Your Food - The Science of Staying Healthy

***Slots available - contact Devin Genovese at devin@tmparksfoundation.org**

*Slots available - contact Devin Genovese at devin@tmparksfoundation.org

Week 3 (June 22-26): Special Species and Awesome Adaptations

- ☐ Early Bird Full Week (+\$200.00)
- ☐ Early Bird Full Week + Extended Hours (+\$220.00)
- ☐ Deposit
- ☐ Deposit + Extended Hours

Week 4 (June 29 - July 2): Do Re Mi - The Science of Sound and Music

- ☐ Early Bird Full Week (+\$200.00)
- ☐ Early Bird Full Week + Extended Hours (+\$220.00)
- ☐ Deposit
- ☐ Deposit + Extended Hours

Week 5 (July 6-10): Be a Green Machine! Practicing Sustainability

- ☐ Early Bird Full Week (+\$200.00)
- ☐ Early Bird Full Week+ Extended Hours (+\$220.00)
- ☐ Deposit
- ☐ Deposit + Extended Hours

Week 6 (July 13-17): Curing Your Curiosity - A Scientific Journey

- ☐ Early Bird Full Week (+\$200.00)
- ☐ Early Bird Full Week+ Extended Hours (+\$220.00)
- ☐ Deposit
- ☐ Deposit + Extended Hours

Week 7 (July 20-24): The Circle of Life - Friends, Frenemies, and Foes

- ☐ Early Bird Full Week (+\$200.00)
- ☐ Early Bird Full Week+ Extended Hours (+\$220.00)
- ☐ Deposit
- ☐ Deposit + Extended Hours

Week 8 (July 27-31): Drip, Drip, Drop - Diving into Water

- ☐ Early Bird Full Week (+\$200.00)
- ☐ Early Bird Full Week + Extended Hours (+\$220.00)
- ☐ Deposit
- ☐ Deposit + Extended Hours

Week 9 (August 3-7): Mad Science

- ☐ Early Bird Full Week (+\$200.00)
- ☐ Early Bird Full Week + Extended Hours (+\$220.00)
- ☐ Deposit
- ☐ Deposit + Extended Hours

How did you hear about this camp?

How did you hear about this camp?

For more information, questions, comments, etc, please contact: Devin Genovese, Program Director,
devin@tmparksfoundation.org -- (775)-360-6068

Notes:

Notes:

0 out of 500 characters

Submit \$0.00

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VOLUNTEER

CALENDAR

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