

**Haw River State Park
Summer Day Camp Registration Form**

Name: _____ Rising Grade: _____ School Attending: _____

Address: _____ Gender: _____ Date of Birth: _____

Parent or Guardian: _____

Address: _____

Home Phone: _____ Daytime Cell: _____ Email: _____

Additional Parent or Guardian: _____

Address: _____

Home Phone: _____ Daytime Cell: _____

Emergency Contact/Other adults with permission to pick up child:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Media/Photography Permission

I, _____, give Haw River State Park, the permission to take photographs or video of my child for use in educational, promotional, and /or marketing materials.

I, _____, do not give Haw River State Park, the permission to take photographs or video of my child for use in educational, promotional, and /or marketing materials.

Summer Day Camps

Age: (rising 2nd –6th graders) Fee: \$90/participant/week

Week I Nature Mythbreakers!

June 15th – 19th _____

Week II Wilderness Survivor!

June 22rd – 26th _____

Send completed forms to:

Haw River State Park
The Summit Environmental Education Center
Summer Day Camps
339 Conference Center Drive
Browns Summit, NC 27214

Phone: 336.342.6181/342.6163

Fax: 336.342.0583

Email: hawriver.program@ncmail.net