

**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 – 5th graders)

Fee: \$80/participant/week

Week I Wildlife Wonders

June 16th – 20th _____

Week II Wild Explorers

June 23rd – 27th _____

Grandparent Residential Camp

Fee: \$90/participant

Week III Grand Camp

August 11th – 13th _____

Grandparent(s) Name(s): _____

Grandchild(ren) Name(s): _____

Children must be a rising 2nd – 5th grader and registered with at least one grandparent. The grandparent to child ratio must be at least 1: 2.

Send completed forms to: Haw River Program/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