2014 NATURE & THE ARTS CAMP

July 28- August 1

3-D Art live animals archery fishing canoeing photography...

LOCATION:

MISSOURI DEPARTMENT OF CONSERVATION
Anita B. Gorman Conservation Discovery Center
4750 Troost
Kansas City, Missouri 64110

Field trips include:
Thomas Hart Benton Home & Studio State Historic Site
Nelson-Atkins Museum of Art
Hartell Conservation Area

THIS CAMP IS FOR CHILDREN WHO ARE 9-12 YEARS OLD DURING CAMP

Applications accepted April 1-30. Applicants will be notified via mail of acceptance or denial by May 9.

Should we receive more applications than the number of available spaces, campers will be selected by random lottery. The camp is open to Missouri residents. Campers living in the following zip codes will receive priority in the enrollment process and lottery: 64109, 64110, 64128, and 64130.

Dates: Monday, July 28 through Friday, August 1
Time: 8:30 a.m. - 4:30 p.m. with free before and after care from 7:30 a.m. - 8:30 a.m. and 4:30 p.m. - 5:30 p.m.

Campers will begin and end each day at the Discovery Center. The first four days will be a mix of art and nature workshops including field trips to the **Thomas Hart Benton Home & Studio** and **Nelson-Atkins Museum of Art**. Friday will culminate in a field day to **Hartell Conservation Area** and the display of a group art installation. Transportation to all off-site field trips will be provided.

Each day, please make sure the youth are at the Discovery Center **on time** to check-in.

Parents/Guardians must be prompt in picking up children no later than 5:30 p.m. Contact numbers are very important in cases of emergency or behavioral issues. We must be able to reach an adult who would be able to come immediately if needed. Make sure your child has a non-perishable lunch and water bottle each day for camp. Children will be outside and should dress appropriately for weather and outdoor activities. If you have any questions or need more information please contact:

Wendy Parrett (816) 759-7305 ext. 1141 or: Wendy.Parrett@mdc.mo.gov

Please complete the application and release form and mail or bring it to the address below.
E-mail copies are not sufficient since there is no signature.

Kathy Kottemann
Anita B. Gorman Conservation Discovery Center
4750 Troost
Kansas City, MO 64110

Please keep this page for your records. Thank You!

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PLEASE KEEP TOP PAGE FOR YOUR RECORDS

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APPLICATION

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Camper's Name (First and Last Name)

Nickname for name tag (Optional)

New Camper or Repeat Camper
Circle one

Gender : Male or Female
Circle one

Is a sibling applying?_____ If so, please provide their name.

Birth Date (Ages 9-12 only)	/ /
Grade entering 2014-2015	

We will participate in the: (circle all that apply)

Before Care After Care Neither

Home phone number	
Street address	
City, zip code	

*To help your child, please advise us of any medical conditions or physical, emotional or learning limitations.

Primary Guardian Info

NAME (First and Last)	Relationship to Camper	Daytime Phone #	Alternate daytime phone #

Email Address

Secondary Guardian Info

NAME (First and Last)	Relationship to Camper	Daytime Phone #	Alternate daytime phone #

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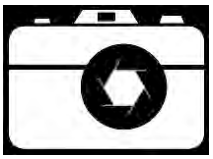

MEDICAL RELEASE FORM AND HEALTH INFORMATION

Most doctors require a signed release form prior to treatment. So, in the event of illness or accident we need a signed release form in order to authorize the performance of such treatment, and or diagnosis. Please read and sign the medical release below.

The Missouri Department of Conservation will first try to notify all the responsible adults listed below before seeking any treatment deemed necessary. The Missouri Department of Conservation is not liable for any accidents that may occur.

If, in the opinion of the staff of the Discovery Center _____ appears to require
First and Last Name of Child

medical attention, treatment, and/or diagnosis during their participation in Discovery Camp; I hereby authorize performance of such treatment and agree to bear the full cost of those procedures.

PARENT/GUARDIAN SIGNATURE: _____
INSURANCE CARRIER: _____
POLICY/GROUP NUMBER(S): _____

Special medical information of which the staff or physicians should be aware of:
(Asthma, allergies, bee stings, etc.)
_____
_____
_____

Photo Release Authorization

I _____ authorize the Missouri Department of Conservation to make
Parent/Guardian (First & Last Name)

pictures and sound recordings of the applicant and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements.

DATE: _____ SIGNED: _____