



2015 NATURE & THE ARTS CAMP

June 8–June 12

3-D Art

live animals

archery

fishing

canoeing

drama...



Fieldtrips Include:

Blue River

Thomas Hart Benton Home & Studio State Historic Site

Hartell Conservation Area

LOCATION: Anita B. Gorman Conservation Discovery Center • 4750 Troost Avenue, Kansas City, MO 64110

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 7.

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, June 8 through Friday, June 12

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 Coterie Theatre workshop and Thomas Hart Benton Home & Studio field trip. 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:

Kathy Kottemann (816) 759-7305 ext. 1126 or: Kathy.Kottemann@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



2015 NATURE & THE ARTS CAMP

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APPLICATION

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Please Print

Camper's Name (First and Last):		Nickname for name tag (Optional):	
New Camper <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Is a sibling applying? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide their name:	
Repeat Camper <input type="checkbox"/>			
We will participate in the: Before Care <input type="checkbox"/> After Care <input type="checkbox"/> Neither <input type="checkbox"/>		Birth Date (Ages 9-12 only)	Grade entering 2015-2016:

Address:
City, Zip code:
Home phone number:

*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

FIRST AND LAST NAME OF CAMPER

require 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 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: _____