

Conservation Camp 2026 - Crawford SWCD

Please circle which day(s) your child is attending:

June 23rd – Nature! (Camp Michael) July 8th – Farmer for a Day (Acres of Adventure)

Camps begins at 9:00 A.M. and will conclude at 3:00 P.M.

Registration fee is \$30 Non-refundable, unless camp is cancelled by staff) for EACH camp.

Make checks payable to: Crawford SWCD, 3111 State Route 98, Bucyrus, OH 44820

Registration and Emergency Medical Information

Camper's Name: _____ Age: _____ Date of Birth: _____

Address: _____ Circle your T-shirt size: YS YM YL AS AM AL AXL

City: _____ Zip: _____

Who will drop child off? _____ Who will pick child up? _____

Cell phone #'s of drop off and pick-up person(s): _____

Information collected on this form will be used to best handle any emergency medical situation that may occur. This information will not be released without permission and will be retained only for the duration of day camp.

Parent/Guardian to contact in case of emergency:

Printed Name Relationship Home (___) _____
Cell (___) _____

If there is no answer, call: (name of secondary contact and relationship)

Printed Name Relationship Home (___) _____
Cell (___) _____

If emergency medical attention is needed, your child will be taken to Bucyrus Community Hospital, as it is the closest care center:

List any physical/medical conditions and/or food allergies that need to be known or aware of:

List any medications your child is currently taking: (All medications will need to be taken before attending camp; day camp staff will not be responsible for administrating these)

Medication: _____ Condition: _____

Medication: _____ Condition: _____

I give permission to Crawford SWCD to use my child's photo for promotional purposes including but not limited to news releases, Crawford SWCD website, Facebook, or newsletters.

Parent/Guardian Signature _____ Date: _____

Print Name: _____