



GREAT BASIN NATURALISTS

2010 SUMMER CAMP

GALENA CREEK REGIONAL PARK



Please return application to: 16750 Mt. Rose Hwy, Reno, NV 89511

Camp fees are \$195.00 per week-long session with the exception of our July 6th-July 9th session which is \$160.00. Fees may be paid by check or credit card. A \$20.00 non-refundable deposit is due with the application for each camp session requested. This deposit applies only to the camper named below and cannot be carried over beyond the 2010 camping season. The balance of the fee is due on or before May 15th, although applications can still be taken after this time. If applying after May 15th, please enclose the total camp fee. After June 1st there will be no refunds of camp fees except in limited circumstances according to camp policy. A copy of the refund policy will be provided on request.

Name _____ Name Called _____

Address _____

City _____ State _____ Zip Code _____

Phone () _____ Parent's e-mail address _____

2009-2010 grade _____ School _____

Age on arrival to camp _____ Birthday (mo/day/year) _____

Special instructions: _____

CHECK DESIRED SESSIONS

- June 21-June 25 **Becoming a Naturalist**
- June 28-July 2 **Geology, Paleontology, and Archaeology**
- July 6-July 9 (4 day session) **Weather and Climate Studies**
- July 12-July 16 **Earth Warriors**
- July 19-July 23 **Arts and Theatre**
- July 26-July 30 **Forest Ecology**
- August 2-6 **Wet and Wild- Water Ecology**
- August 9-13 **Animal Adventures**
- August 16-20 **Voyager Earth- Ecosystems of the World**
- August 23-27 **Wilderness Survival and Outdoor Adventure**

*In the event that the camp session that you apply for is full, we will gladly refund or transfer your deposit to another session.

*The Great Basin Institute reserves the right to cancel any camp session due to low enrollment. In the event that we cancel a camp session, we will gladly refund your camp fees or transfer them to another session.

CAMP PROGRAM

Campers may participate in the following activities:

Arts and Crafts, Ropes Course, Hiking, Outdoor Living Skills, Service-Learning, Swimming, Fishing, Bicycling, Outdoor Recreation Games, Reading, Camp Fire Cooking, Nature Photography, Wild Animal Viewing, Trail Maintenance, Environmental Science Lessons, and Team Building Activities. Please identify and describe any physical limitations and/or restrictions that may affect your child's ability to participate in any of these camp programs, and describe any specific equipment, accommodations, facilities and/or staff that would be required to facilitate their participation, safety, and wellbeing, so that the Director can determine whether the Camp can reasonably provide for their particular needs with its existing resources. Please use a separate sheet if necessary: _____

Can your child swim? _____ Is there any activity they are NOT to participate in? _____

Mother's name _____ Home Phone () _____

Cell Phone () _____

Work Phone () _____

Father's name _____ Home Phone () _____

Cell Phone () _____

Work Phone () _____

Emergency Contact _____ Relationship _____
(Parents are contacted first)

Phone Number _____

If paying by credit card: I request that \$ _____ be charged to my account as follows:

VISA or MASTERCARD (circle one) Number _____ CVC/CVV Code: _____

Expiration Date _____ Signature _____

PARENT'S APPROVAL

I approve the application above and to the conditions listed here. I am enclosing a \$20.00 non-refundable deposit for each camp session requested. I understand that the remainder of the camp fee is to be paid by May 15th. If applying after May 15th, I am enclosing the total camp fee.

I acknowledge the possibility, in spite of the best effort of the Camp and its staff to provide a safe and enjoyable program of activities, that an accident might occur in which my child might sustain an injury. I nevertheless approve of my child's participation in all activities except as noted above. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

The Camp has my permission to use any picture of my child made while at Camp, or any material they may write about Camp, for promotional purposes. Child's Name _____ Date _____

Parent/Guardian Signature _____ [] Mother [] Father [] Legal Guardian