



SUMMER DAY CAMPS

DRIFTLESS AREA WETLANDS CENTRE

Connecting kids in Nature



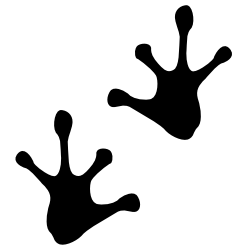
WETLANDS CENTRE SUMMER DAY CAMPS!! Activities will include science & nature art activities along with unstructured outdoor play and exploration. Activities will be tailored to the interests and age of students participating. **Day Camp cost is \$15/day (full-day camps).** Registration is required. Enrollment is limited to 20 kids (first-come).

KIDS SHOULD BRING A LUNCH, SNACKS, WATER BOTTLE, SUNSCREEN AND INSECT REPELLENT. BE SURE TO DRESS FOR THE WEATHER AND WEAR CLOSED-TOE SHOES. THEY CAN STAY ALL DAY OR BE PICKED UP ANY TIME AT YOUR CONVENIENCE.

WETLAND EXPLORER WEDNESDAYS (3-5 YEARS)

10:30-Noon - June 5, June 19, June 26, July 10, July 17, July 24

*Must be accompanied by an adult, siblings welcome to attend



WILD CRITTER CAMPS - FULL DAY CAMPS FOR K-2ND GRADE (5-8 YEARS)

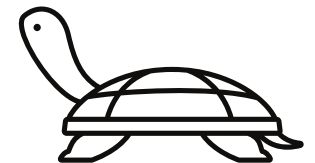
9:00am-3:30pm (kids can come as early as 8am and stay until 4:30pm)

\$15/day

June 6 & 7 - Toads & Turtles Galore Camp (2-day camp)

June 20 & 21 - Wetland Critters (2-day Camp)

July 11 & 12 - Wet & Wild Camp (2-day Camp)



NATURE EXPLORER CAMPS - FULL DAY CAMPS FOR 2ND-6TH GRADE (7-11 YEARS)

9:00am-3:30pm (kids can come as early as 8am and stay until 4:30pm)

\$15/day

June 12, 13, 14 - Wetland Builders Camp (3-day Camp)

June 25 & 27 Wet & Wild Camp (2-day Camp)

July 18 - Wet & Wild Camp (1-day Camp)

THANK YOU TO OUR CURRENT SPONSORS:

FRIENDS OF THE MARQUETTE DRIFTLESS AREA

3M COMMUNITY GRANT, CLAYTON COUNTY FOUNDATION FOR THE FUTURE,

FOUNDATION OF CORNERSTONE COMMUNITIES & CITY OF MARQUETTE

TO REGISTER

563-873-3537

driftlessareawetlandcentreia@gmail.com

**Driftless Area Wetlands Centre
Summer Day Camps - 2024
Registration Form**

Call 563-873-3537 or Email driftlessareawetlandcentreia@gmail.com to register.
Submit this form the day of the program.
\$15 cost per child, per day

Child's Name _____ Age _____

Camp Date(s) _____

Parents' Names _____

Address _____ Phone _____

Cell Phone _____

Email _____

Health & Permission Statement

COVID Precautions: Programming will be conducted outside to encourage social distancing. Outdoors masks are encouraged but not required. Parents will be required to provide a signed COVID-19 Disclaimer on the first day of camp.

Medications needed: (dose, name, time): _____

Allergies: _____

Does your child have any behavioral needs/concerns that we need to be aware of for a positive day camp experience? Please explain.

Parent Permission

I hereby give permission for my child to attend this program sponsored by Driftless Area Wetland Centre (DAWC). I understand that I will be notified if my child is not respecting others and in the event of severe weather I will pick my child up immediately. DAWC staff/volunteers will supervise the event and provide necessary emergency care. If a serious illness or injury develops and medical and/or hospital care is necessary, I give permission for emergency crews to treat and transfer my child to the nearest hospital. I understand that I am financially responsible for charges and guarantee full payment to the attending health care unit. I also give permission to photograph my child.

Parent's Signature: _____

Family Physician Name: _____

Physician's Phone: _____

Assumption of Risk & Release of Liability

I give permission for the child above to participate in the DAWC program. I understand that DAWC project activities/events may involve certain risks of physical activity and possible injury and that DAWC program will provide each participant with reasonable care, but cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the DAWC program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the City of Marquette, City Council of the City of Marquette, Driftless Area Wetland Center and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the DAWC program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent/Guardian Signature: _____

In case I can't be reached during the course of the program, please contact:

Name & Phone: _____