

Adventures in Nature!
SUMMER DAY CAMP 2010
REGISTRATION INFORMATION for 8th through 10th grade



www.morrisparks.net

Call the Great Swamp at 973-635-6629 to register *before* mailing your check
Date registered: _____

Child's name: _____ Age: _____

Grade starting in 9/10: ____ **T-shirt size:** S M L XL Youth S M L XL Adult

Five-day Sessions ~ Cost \$190

July 26-30 from 9:00am - 2:00pm, [Pyramid Mtn NHA](#) (Montville)

How did you hear about us: _____

Name(s) of Parent/Guardian(s): _____

Address: _____

Email (to receive seasonal program updates): _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Emergency Contact: Name: _____ Relationship: _____

Phone Number: _____

Physician Name & Number: _____

Allergies:

Bees Y N Food Allergies Y N Nuts Y N

Other _____

Medical Issues: _____

Current Medications: _____

Medical Insurance Information:

Company Name: _____ Policy Number: _____

Anything else you'd like us to know about your child:

*******Return completed form with payment made out to Morris County Park Commission*******

Send form and check to: The Great Swamp Outdoor Education Center, 247 Southern Blvd. Chatham, NJ 07928