

**Adventures in Nature!**  
**SUMMER DAY CAMP 2010**  
**REGISTRATION INFORMATION for 4pf and 5tf 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 \$115**

August 9-13 from 9:00am - 12:00pm, [Pyramid Mtn NHA](#) (Montville)

**Four-day Session ~ Cost \$95**

July 6-9 from 9:00am - 12:00pm, [Kay Center](#) (Chester Twp)

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