



### Winter in the Wild Registration Form

Stough Canyon Nature Center  
2300 Walnut Ave., Burbank 91501  
(818) 238-5440

CAMPER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT (other than parent) \_\_\_\_\_

PHONE \_\_\_\_\_

I authorize the following person(s) to pick up my child (other than parent):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**REGISTRATION BEGINS November 25, 2019 at 9AM**  
**Online** - [www.burbankparks.com](http://www.burbankparks.com). Visa and MasterCard accepted.  
**Walk-in** - Stough Canyon Nature Center  
***Mark Day Choice(s):***

<b>Ages 4-7</b>	
<b>Monday - Friday 10:00 a.m. - 12:00 p.m.</b>	
<b>\$15 Per Day</b>	
___ December 23rd	___ December 30th
___ December 26th	___ January 2nd
___ December 27th	___ January 3rd

**MAKE SURE TO SIGN WAIVER INFORMATION ON THE BACK SIDE**



## 2020 Winter Nature Camp Consent

### Parent Consent:

I give permission for my child to participate in the Burbank Parks and Recreation Department's Nature Day camp program, including hikes in the Verdugo Mountains. I agree to hold harmless the City of Burbank, its employees, officials and agents from and against any and all liability claims, demands, losses, and/or actions from injury to and/or death of persons and/or damage to property as a result of participation in the Nature Day camp programs. I grant permission to use my or my child(ren)'s photographs and images for the purpose of publicizing and marketing City activities. I understand that no compensation shall be given for use of these photographs and that these images become the sole property of the City of Burbank.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### Medical Emergency Treatment Consent:

As parent/guardian, I hereby consent to treatment of minor child for any and all medical procedures deemed necessary as a result of accident or injury or illness. Consent is given for any licensed physicians, surgeon, or accredited emergency unit to give medical attention, and to administer such treatment, drugs and medicines (except as noted below), and to perform such surgical procedures as he/she shall think the existing emergency requires. I further understand the City of Burbank has no medical insurance and that I am responsible for payment of said treatment.

Current Medications \_\_\_\_\_

Special Health Considerations \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_