



Nature Day Camp

313 Hudson Avenue, Tenafly, NJ 07670 * 201-568-6093 * www.tenaflynaturecenter.org

Complete and return this form **before the first day of camp.**
Mail to 313 Hudson Ave. Tenafly NJ, 07670

Date _____

Sunscreen Permission

(Participant must provide their own sunscreen)

Name of camper (print full name): _____

I give TNC's staff permission to apply sunscreen as needed.

Check the dates of camp(s)

Pre K/K

June 28 - July 2

August 30 - September 3

1st-3rd grade

July 5 - 9

July 12 - 16

July 19 - 23

July 26 - 30

August 2 - 6

August 9 - 13

4th-5th grade

August 23 - 27

6th-8th grade

August 16 - 20

Comments: _____

Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____

Relation to subject (if subject is a minor) _____

Photo Release

I hereby grant Tenafly Nature Center Association permission to use my child's likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Tenafly Nature Center Association, in perpetuity, and for other use by the Nature Center. I will make no monetary or other claim (whether for breach of privacy or otherwise) against Tenafly Nature Center Association for the use of the photograph(s)/video for educational or marketing purposes.

Child's Name (print full name) _____

Parent/Guardian's (print full name) _____

Parent/Guardian's Signature _____

Relation to camper _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Carpool Information Release

I do **not** wish to receive, or be included in, the Carpooling Database that will be sent to other camp participants.

I wish to receive, and be included in, the Carpooling Database that will be sent to other camp participants.

I _____ (please print)
give permission to the staff of the Tenafly Nature Center to release my name, address and phone number to other Nature Day Camp Registrants for the purpose of Carpooling to Camp.

Signature _____