

# ADDITIONAL INFORMATION REGISTRATION AND POLICIES

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## PRICING

Parents and grandparents at CNC's Family Membership level and above receive discounted prices on all camps. Membership must be current at time of camp to qualify.

## HOW TO REGISTER

Registration is ONLY accepted online at [www.CincyNature.org](http://www.CincyNature.org). You may also bring the Planning Form on p.14 to the Rowe Visitor Center and staff will assist you with online registration. **CAMP REGISTRATIONS ARE NOT ACCEPTED BY PHONE OR BY MAIL.** For more information, contact the Registrar at (513) 831-1711 ext. 129.

## WHEN TO REGISTER

Registration opens for CNC members on **Feb. 1, 2012 at 9 am EST**. **REGISTRATIONS WILL NOT BE ACCEPTED BEFORE FEBRUARY 1, 2012 at 9 am.** Registration for nonmembers begins **March 1, 2012 at 9 am EST**.

## WAITING LIST

Campers registered for the waiting list will be contacted in the order their registration was received. Please provide a preferred contact phone number and email address so you can be reached if an opening becomes available. If a response is not received by 12 pm the following day, the next camper on the list will be contacted.

## OTHER REGISTRATION INFORMATION

All camps require preregistration and prepayment. Children must bring a bag lunch each day, with the exception of children in Little Acorns and Natural Discoveries. All children must be potty-trained. Children must be signed in and out of camp each day by one designated adult. Additional information and a medical release form will be mailed or emailed prior to camp. All campers receive a CincyNature Camp t-shirt with paid registration. To ensure proper T-shirt size is received, complete your registration by May 1, 2012. T-shirts are available in children's and adult sizes.

## OTHER INFORMATION

Campers may arrive no more than 15 minutes before the published start of camp. It is expected that campers be picked up at the end time of camp each day. In our mixed age camps, siblings may be separated into different groups so that age-appropriate programming can be provided.

## CANCELLATION & TRANSFER POLICIES

All requests must be made in writing and must be received by 12 pm the Wednesday prior to the start of camp. All cancellations and transfers are subject to a \$25 administrative fee per request. **Cancellations made with more than 2 weeks notice** will receive a refund less a \$25 administrative fee per request. **Cancellations made with less than 2 weeks notice** may receive a refund less a \$25 administrative fee, only if another camper fills the available space. Campers on the waiting list are given priority. If CNC is unable to find a replacement, the registrant may find a replacement camper. No refunds will be issued if a replacement is not found by 12 pm Wednesday prior to the start of camp.

**Transfers** from one camp into another are considered a cancellation and are subject to a \$25 administrative fee. It is the registrant's responsibility to re-register the camper online.

**Substituting** another camper in place of one that has cancelled is only permissible if CNC is unable to fill the space from the waiting list. (See "Cancellations made with less than 2 weeks notice.")

## SICK POLICY

If a camper misses over half of a camp due to illness, 50 percent of the camp fee will be refunded. If a camper is unable to attend the entire week, a full refund will be provided. CNC must be notified within 24 hours of illness and a dated doctor's note must be provided within one week for refund.

CINCINNATI NATURE CENTER  
YOUTH PROGRAM

HEALTH FORM AND CONSENT TO MEDICAL TREATMENT

PROGRAM \_\_\_\_\_

Please read and complete both sides of this sheet and return **immediately** to: Cincinnati Nature Center, 4949 Tealtown Road, Milford, OH 45150-9752. It is **extremely** important that our staff have these forms in time to review them **before** the program begins.

Our policy prohibits staff from administering or carrying medication for campers, so please be sure your child knows the proper way to carry and use his/her inhaler, epi-pen, or other medication.

\*\*\*\*Please be sure that all telephone numbers are legible, indicate if cell and which # to call 1st.\*\*\*\*

Child's full name \_\_\_\_\_ Gender: M  F  Birth date \_\_\_\_\_

Nickname or name child prefers to be used on name tag: \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ (Cell?)  
Street City State Zip

Email: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_ Telephone \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Pediatrician/Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ By \_\_\_\_\_ Telephone \_\_\_\_\_

1. Immunization record (check): DPT (diphtheria, pertussis, tetanus) \_\_\_\_\_ MMR (measles, mumps, Rubella) \_\_\_\_\_  
Polio \_\_\_\_\_ Last tetanus within 10 years, yes  no

2. Known or suspected allergic reactions:  
a) Antibiotics or other medications (specify) \_\_\_\_\_  
b) Asthma (please describe severity) \_\_\_\_\_  
c) Environmental agents (circle all that apply): dust molds pollen cats dogs horses other:  
d) Insect bites, bee, wasp or hornet stings (describe) \_\_\_\_\_  
e) Poison ivy \_\_\_\_\_ f) Food (please list and describe): \_\_\_\_\_  
g) Shellfish allergies \_\_\_\_\_ May be induced when eating insects such as cicadas.  
h) Other \_\_\_\_\_ i) NO KNOWN ALLERGIC REACTIONS

Does your child require medication for any of these allergic reactions? \_\_\_\_\_ Explain:

3. Please list any medications (other than those mentioned above) that your child may be taking:

4. General Health Status. For each item, indicate "none" or give brief description (use "Comments" section), as needed.

- a) Recent surgery/illness \_\_\_\_\_ d) Nervous habit \_\_\_\_\_  
b) Broken bones \_\_\_\_\_ e) Emotional \_\_\_\_\_  
c) Headaches/seizures/convulsions \_\_\_\_\_ f) Other limiting conditions \_\_\_\_\_

Comments \_\_\_\_\_

5. What other characteristics about your child would it be helpful for us to know about (interests, talents, fears, social skills, etc.)?

**CONSENT:**

**IN CASE OF ANY CONDITION REQUIRING MEDICAL TREATMENT**, I hereby authorize Cincinnati Nature Center personnel to obtain medical treatment, hospitalization, medication, injections, anesthetic or surgery for the child named above when such treatment or hospitalization is considered necessary in the opinion of a licensed physician.

Further, I hereby agree to pay for the medical treatment authorized above. I do/ do not carry medical insurance with:

Carrier \_\_\_\_\_

By: \_\_\_\_\_  
signature Mother ( ) Father ( ) Legal Guardian ( )

Policy Number \_\_\_\_\_

Date: \_\_\_\_\_

(Please read and sign other side.)

CINCINNATI NATURE CENTER — ROWE WOODS

YOUTH PROGRAM

RELEASE FORM

The purposes of organized outdoor activities, day-camp, and camping experiences are to provide children supervised contact with the natural environment, different cultural experiences, and opportunities for personal growth and maturation. Recognizing the impulsive nature of children, coupled with their lack of experience and maturity, CNC staff and volunteers will take every reasonable precaution to ensure the safety of your child when participating in a youth program at the Cincinnati Nature Center.

Some of the usual activities in which children participate during the CNC programs can include, but are not limited to:

**Organized exploration of the outdoors** (including, but not limited to, walks and trips to fields, lakes, ponds, streams, rock outcrops, and other natural areas for educational purposes).

**Animal handling** (with contact including, but not limited to, captive non-venomous snakes, frogs, salamanders; free-living animals such as crayfish, fish, frogs, turtles, insects; and occasionally dogs and other domestic animals used in demonstration programs).

**Field trips away from the CNC** (the nature of which would be detailed in specific program information supplied to the participant), with transport provided by staff and/or volunteers in their personal vehicles (all children seat-belted).

**Shuttle service between the CNC parking lot and the Retreat House** on camp days (for camps meeting at the Meadow Shelter **only**) when there is inclement weather/thunderstorms, with transport provided by staff and/or volunteers in CNC vehicles (all children seat-belted).

These activities can, by their nature, pose some risk to the participants, including, but not limited to, physical or emotional stress, physical risk and exposure to environment or contact allergens (dust, mold, pollen, animals, poison ivy, grasses, and insect bites and stings, among other things). On very rare occasions non-venomous snakes may bite. It is important to note that some of these risks are in addition to the usual risks attendant to summer camp experiences.

Therefore, our staff needs to be informed of any and all physical, emotional, developmental, learning, or health limitations of which you are aware that might place your child at greater than normal risk during participation in this program. Thus, it is incumbent upon you to complete the reverse side of this page thoroughly, clearly, and thoughtfully.

**CONSENT AND RELEASE:**

I have read, or had explained to me, and understand the preceding paragraphs and have completed the health form on the reverse side of this page to the best of my knowledge. I consent to allow my child, or to engage myself, in activities of the type mentioned above and agree to assume the reasonable risk of participation in these activities. Further, in consideration of being permitted to participate in the CNC educational program, I hereby release and waive individually and on behalf of my child any and all claims, demands, and causes of action which either of us now has, or may in the future have, against the Cincinnati Nature Center, its members, representatives, officers, agents, employees, or volunteers, for any bodily injury, including death, and/or damage to property, however caused, including by negligence, resulting from, or arising out of, or in any way connected with the program.

Minor's Name: \_\_\_\_\_

By: \_\_\_\_\_  
Parent or Legal Guardian

Date: \_\_\_\_\_

**Please complete BOTH sides of form.)**



# CincyNature Camp Rowe Woods



## Tick Information

CincyNature Camp at Rowe Woods usually reports less than a dozen ticks found in a season covering two months of 30 campers out hiking everyday.

- Inspect for ticks periodically (especially as soon as you leave their habitat) to remove them before they attach and begin feeding. Ticks can be found crawling on clothing and bare skin before attachment. Be sure to also inspect children and companion animals.
- Pay special attention to the head and back of the neck of humans to detect attached ticks.
- **PROMPTLY REMOVE** any ticks. Prompt removal of an attached tick reduces the chance of infection by Rocky Mountain spotted fever or Lyme disease. Tick attachment of several hours or more often is required for disease transmission.
- Take care not to crush or puncture the tick during removal. Rocky Mountain spotted fever may be acquired from infected tick body fluids that contact broken skin, the mouth, or eyes. Do NOT use a hot match or cigarette to remove a tick as this may cause the tick to burst.
- Do NOT apply solvents or other materials to the tick to “stimulate” the tick to detach. Such treatments can result in increased tick salivation and disease transmission.
- Avoid touching a tick with bare hands. Shield your fingers with a paper towel, wear rubber gloves, or use tweezers.
- Grasp an embedded tick as close to your skin as possible (the area where the tick’s mouthparts enter the skin) and use steady pressure to pull it straight out. Do not twist or jerk the tick, as its mouthparts may be left in the skin.
- After tick removal, thoroughly disinfect the bite site and wash your hands with soap and water. The feeding lesion should be swabbed with a topical antiseptic to prevent secondary bacterial infection.

## **FACTS ABOUT WEST NILE VIRUS (WNV)**

### **What is WNV?**

West Nile Virus is a mosquito-borne virus that can cause encephalitis (inflammation of the brain) or meningitis (inflammation of the lining of the brain and spinal cord). It is likely that the virus was introduced in the U.S. by an imported, infected bird, an infected human returning from a country where the virus is common, or by a mosquito hitchhiking on an airplane.

### **How is WNV transmitted?**

When a mosquito bites a bird that carries the virus, the mosquito becomes infected. It is believed that people cannot get West Nile Virus directly from another person, or animal, that has the disease; the disease is only transmitted by mosquitoes.

### **If I live in an area where birds or mosquitoes with WNV have been reported and a mosquito bites me, am I likely to get sick?**

No. Even in areas where the virus is circulating, very few mosquitoes are infected with the virus. Even if the mosquito is infected, less than 1% of people who are bitten and infected will become severely ill. The chances you will become severely ill from one bite are extremely small. WNV incubation period in humans is 5 to 15 days.

### **What can I do to reduce my risk of becoming infected?**

- Wear long-sleeved shirts, long pants, shoes and socks when you are outside, especially at dawn and dusk.
- Wear light-colored clothing.
- Spray clothing with repellents containing picaridin or 10% DEET.
- Parents should not apply DEET directly to children. Apply it to your hands and then spread it on your child. Do not use DEET on infants or pregnant women.
- Apply repellent to exposed skin.
- Remember that Vitamin B, ultrasonic devices, incense and bug zappers have not been shown to be effective in preventing mosquito bites.

References: Ohio Department of Health

<http://www.odh.ohio.gov/ASSETS/F1F6C85B0BB44590A39299A28F85A3DE/Mosquito.pdf>  
<http://www.odh.ohio.gov/ASSETS/851C890AB2104D1D87BD62D00172FF08/wnvpeople.pdf>

Updated: February, 2010

## **Directions to Cincinnati Nature Center**

**Rowe Woods**  
**4949 Tealtown Rd**  
**Milford, OH 45150**  
**(513) 831-1711**

**Directions from north of Cincinnati:** From I-275 East/South take Route 50 toward Hillsboro (exit 59). Follow exit ramp/Milford Parkway to the junction of Route 50. Turn right on Route 50. Go 2 miles to the traffic light at Roundbottom Road. Turn right on Roundbottom Road for 0.5 miles. Turn left on Tealtown Road for 0.5 miles. Turn right into the driveway of Rowe Woods.

**Directions from south of Cincinnati:** From I-275 East/North take Route 32 east toward Batavia (exit 63). Follow Route 32 for 1 mile to the traffic light at Gleneste-Withamsville Road. Turn left on Gleneste-Withamsville Road for 0.5 miles. Turn right on Old State Route 74 for 0.25 miles. Turn left on Tealtown Road for 3 miles. Turn left into the driveway of Rowe Woods.

# Directions to Cincinnati Nature Center

**Long Branch Farm & Trails**  
**6926 Gaynor Road**  
**Loveland, Ohio 45122**  
**(513) 831-1711**

**Directions from the south:** From I-275 take Route 28 (exit 57) east toward Blanchester. Bear right onto Bypass 28 for 1.3 miles. Stay on Route 28 for 4 miles. Turn left onto Gaynor Road. Go about 1 mile to Long Branch Farm. The entrance to Creekside is on the left.

**Directions from the north:** From I-275, take Wards Corner (exit 54) northeast towards Loveland for .03 mile. Turn right onto Loveland-Miamiville Road. Loveland-Miamiville Road turns into Paxton Road. Follow Paxton Road for 3.6 miles until it T's into Route 48. Turn right onto Route 48. Follow Route 48 for 1.4 miles. Turn left on Gibson Road. Turn right on Gaynor Road. The entrance to Creekside is on the right.