



**Navigate Day Camp offers attendees the opportunity to chart
YOUR course through experiential learning.**

Registration Packet

Disciplines 4 Leadership Communities: Navigate Day Camp
2020 Registration

Student's Name: _____

Age: _____ Grade (2020-21 school year): _____ Gender: _____

Parent/Guardians' Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Which D4LC: Navigate Day Camp Session will you attend?

D4LC: Navigate Day Camp (\$400/student)

How did you hear about D4LC: Explore?

_____ June 1-5, 2020

_____ June 8-12, 2020

T-shirt Size: S M L XL

_____ Facebook

_____ Instagram

_____ YouTube

_____ Internet search

_____ Teacher/School

_____ Other _____

Registrations and payment deadlines:

Day Camp Session Dates

Registration & Non-Refundable
50% Down Payment Due:

Final Payment Due:

• Session #1: June 1-5, 2020

April 20, 2020

May 20, 2020

• Session #1: June 8-12, 2020

April 25, 2020

May 25, 2020

When registering by mail, please check www.tlcaurora.org for availability. Sessions are limited to 30 attendees per session. If sessions fill, a waiting list will be formed.

Cancellations with refund (payment above non-refundable down payment) will be accepted if made before the final registration date listed for each session. No refunds will be made for cancellations after final registration date. Late registration will be allowed only if there is space available and no waiting list. To check availability, please call 402-694-3934.

Activities will include time in the classroom, gymnasium, the pool, pond (with paddle boats & kayaks/fishing) and outdoors. The class will plan some engagement activities for our Summer Food Service Program and attend the program for lunch one day during camp. Specifics will be sent with officer camp schedule the week before camp.

The Leadership Center is located at 2211 Q Street on the east edge of Aurora on US Highway 34. For details about TLC and all D4LC programs, please visit www.tlcaurora.org. If you have further questions, call 402-694-3934 or email curriculum@tlcaurora.org.

Online registration is also available on www.tlcaurora.org, or mail this registration and payment to:

The Leadership Center
2211 Q Street
Aurora, NE 68818

**Nebraska Vocational Agricultural Foundation/The Leadership Center
Medical Release Form**

I, _____ of _____, _____,
Parent/Guardian Name Address City
 _____, am the _____ of _____, born ____/____/____.
State Zip Relation Participant's Name Month/Day/Year

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ (participant) is absent from home from _____ (beginning date) to _____ (ending date).

Parent/Guardian Contact Information

	Name	Home Number	Work Number	Mobile Number
Guardian 1:	_____			
Guardian 2:	_____			

Emergency Contacts (if a parent/guardian cannot be reached)

	Name	Home Number	Work Number	Mobile Number
Choice 1:	_____			
Choice 2:	_____			

Medical Provider Information

	Physician	Dentist
Name		
Practice Name		
Address		
City/State/Zip		
Work Phone		
Home Phone		

Medical insurance company _____
 Policy number _____
 Name of insured _____

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies _____ Date of last tetanus shot _____
 Medication being taken _____
 Physical impairments _____
 Other pertinent facts to which physician should be alerted _____

In a medical emergency, I consent to the Nebraska Vocational Agricultural Foundation/The Leadership Center or appointed agents, his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless the Nebraska Vocational Agricultural Foundation/The Leadership Center to indemnify members, agents, employees and representatives thereof, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named member and will not hold the Nebraska Vocational Agricultural Foundation/The Leadership Center responsible in the event of medical emergency.

Printed Name (Parent/Guardian) Signature Date

Nebraska Vocational Agricultural Foundation/The Leadership Center
Dietary Needs Form

Should attendee have any special dietary requirements during their time at D4LC: Explore Conference, please fill out the following form. These will be shared with our Kitchen Manager to ensure the attendee's needs are met. Thank you.

1. Do you have any special dietary needs we need to be aware of:
_____ No _____ Yes

**If No, no further information is needed.*

2. Please check options that apply to you:

If Vegetarian, please specify:

_____ Vegetarian _____ Vegan
_____ Eggs ok _____ Fish ok
_____ Dairy ok _____ Veggies only

3. Please check the following item which you prefer.

_____ Peppers	_____ Beans	_____ Tofu
_____ Tomatoes	_____ Avocado	_____ Nut Milk
_____ Onion	_____ Squash	_____ Soy Milk
_____ Garlic	_____ Zucchini	_____ Coconut Milk
_____ Broccoli	_____ Cabbage	
_____ Cauliflower	_____ Carrots	
_____ Brussel Sprouts	_____ Pasta	
_____ Corn	_____ Rice	

4. Please check items which are an issue.

_____ Lactose Intolerant	_____ Gluten Intolerant	_____ Tree Nuts/Nuts
_____ Colitis	_____ Diabetic	_____ Other-List below

Please list any food allergies below: _____

5. If there is any further information you feel the Chef needs to know for meal planning or preparation, please make note if it here.

Name: _____

D4LC: Navigate Day Camp Session: _____

Contact Information if Kitchen Manager has questions: _____

