

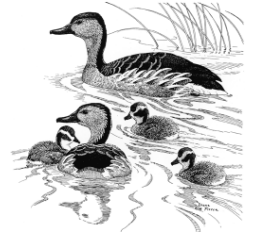
# HIDDEN VALLEY WILDLIFE AREA

11401 Arlington Avenue \* Riverside, CA \* 92505

(951) 785-7452



## Muckin' in the Marsh Nature Camp JULY 6 - JULY 10, 2009



Children will explore and discover the mysteries and wonders of our local wetlands. Through the use of hikes, live animals, nature related games, nature themed arts & crafts and other hands on activities, children will learn to enjoy, understand and respect nature.

### ROCK -N- ROCKS!

Volcanoes! Earthquakes! Floods! How do they form the land, and what is the land made of? Learn about land formation, rock layers, how rocks are formed and how to identify igneous, metamorphic and sedimentary rocks as we go on a geological adventure.

### PREDATOR AND PREY

Every living creature is either predator or prey. Follow the life cycles of the river bottom creatures to discover who is eating whom.

### BIOME BALANCE

What is a biome? How many biomes are there? Learn about the weather, animals, and plants that make up each biome, including the one in which you live!

*Ages 4 to 11, grouped by age.  
Times: 8:00 a.m. to 12:00 noon; 4 hours daily, Monday through Friday.  
Fees: \$75.00\* per week, per child, payable to Parks District.  
\*A camp T-shirt is included with each paid registration.*

*Wear outdoor clothing and sturdy shoes.  
No sandals please.  
Bring a water bottle and a lunch with child's name on them.*

### MAMMALS

Who lives along the Santa Ana River and is furry and warm-blooded? Why mammals, of course! Join us on a journey of discovery as we learn about our mammalian cousins who live here at Hidden Valley.

### SLIMY OR SLITHERY...OR BOTH?

Snakes or worms, frogs or toads, legless lizards or snails – which critters are your favorites? Decide for yourself if they are slimy or slithery, as you handle each one and learn about their behaviors and habitats.

### TO ENROLL

Pre-registration is required. Please fill out a separate Camp Registration/Emergency form for each child attending. Mail or return it in person to Hidden Valley Nature Center on Saturdays. \* Payment in full is required to hold your child's reservation. Be sure to include a check payable in the amount of \$75.00 per child to: **Parks District**.

**Cancellations:** The camp reserves the right to make changes in programs and to cancel sessions if enrollment is insufficient. **All registration fees are non-refundable (unless nature center cancels).**

**Class aides 18 years of age or older are needed to help the teachers. You may enroll one child for free if you volunteer the whole week of camp. To sign up, please call (951) 785-7452. Call early – there are a limited number of aide positions available. Youth 13 years of age and older may also volunteer.**



# Hidden Valley Summer Day Camp

## Muckin, in the Marsh- July 6-July 10, 2009

Please fill out a separate form for each child registering. \_\_\_\_\_  
Child's first name Child's last name

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Child's Age :( yrs& mo) \_\_\_\_\_ Grade Entering: \_\_\_\_\_ School \_\_\_\_\_

Fee: \$75.00 per child for the week. Make checks payable to: **Hidden Valley Nature Center** **Mail to:** Hidden Valley Nature Center  
 P.O. Box 7757 Riverside, Ca 92513-7757 or return it in person on Saturdays to:

**Hidden Valley Wildlife Area**  
**11401 Arlington Ave.**  
**Riverside, CA. 92505**

### EMERGENCY MEDICAL INFORMATION NATURE CAMP

Please fill out separate medical forms for each Nature Camp Attendee

\_\_\_\_\_  
 Father's Name Work Location Day Phone

\_\_\_\_\_  
 Mother's Name Work Location Day Phone

\_\_\_\_\_  
 Caretaker's Name Phone

Name of persons authorized to take child from the facility (this child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Additional persons who may be called in emergency to take child from facility:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

[(We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize the Riverside County Regional Park and Open-Space District, its adult agents and employees, into whose care said minor has been entrusted while attending programs at Riverside County Regional Park and Open-Space District and participating in said program activities, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the Riverside County Regional Park and Open-Space District, its adult agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable.

It is understood that I, the parent, will assume financial responsibility for costs incurred for treatment or hospital care. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

*The undersigned is (are) person(s) having legal custody of, or is(are) the legal guardians(s) of said minor.*

Father's signature \_\_\_\_\_ Legal Guardian's Signature \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Specific information or instruction to Doctor or Nurse: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_ Current Prescriptions: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Hospitalization Name and Policy Number: \_\_\_\_\_