

July 2026

Dear Parents/Guardians of *WHEP Camp* youth:

Thank you for registering your child for the *WHEP* nature camp July 13, 2026, from 10 AM-3 PM. We will be introducing the Wildlife Habitat Education Program through hands-on exploration.

To have a successful camp, here is some additional information and suggestions to prepare your camper for an awesome day. Please read through this information carefully.

1. Camp is dependent on the weather. Please come prepared, dressed for the weather as we plan to be outside as much as possible if conditions are safe. **Please apply any needed bug spray or sunblock before the start of camp.**
2. Sturdy shoes are a must and please **no open-toed shoes**. Please send your child in clothes/shoes that are okay getting muddy.
3. We will provide a snack each day. **Please bring a full reusable water bottle each day of camp.**
4. Every day of camp will be held at Lime Creek Nature Center. Please drop off your camper between 9:45-10 a.m. and pick up promptly at 3 PM.

If you have any questions or concerns, please do not hesitate to call me at Lime Creek Nature Center at 423-5309 or email me at [kjeffrey@cerrogordo.gov](mailto:kjeffrey@cerrogordo.gov).

**If your child cannot come to camp, please call us immediately, so we can make alternative arrangements.**

Sincerely,



Kari Jeffrey, Naturalist  
Lime Creek Nature Center

***Program Registration Form  
WHEP Nature Camp  
July 13, 2026***

Participant Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Participant Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Emergency and Health Information

Emergency Contact (during camp): \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
Emergency Contact phone number: \_\_\_\_\_  
Doctor name: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_  
Food allergies/restrictions: \_\_\_\_\_  
Other allergies: \_\_\_\_\_  
Additional needs (information we should know to help make camp the best it can be):  
\_\_\_\_\_  
\_\_\_\_\_

**Payment is due prior to the first day of camp.**

Financial assistance is available. To find out more or if you have any questions regarding camp, please call the nature center at (641)423-5309.

## ***Web/Photo Acknowledgment and Release Form***

I understand that my child's picture may be posted on the Cerro Gordo County Webpage/Facebook/Instagram page or used in a public program/display which is made available to the public. I recognize that all pictures may be modified or deleted at the discretion of the Cerro Gordo County web manager and Cerro Gordo County Conservation Board staff. I also acknowledge that my child's name **will not** be published on the Cerro Gordo County website or used with any programs/displays.

I further agree and consent that Cerro Gordo County is not responsible for any misappropriation of any photo by the public or anyone else.

I have read the above description and give consent to use my child's picture as indicated above.  
(circle one)    Yes                      No

In the event of media coverage I give permission for my child to be filmed, photographed or interviewed by the media for a news story about this camp (circle one).    Yes              No

Child's Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Activity Waiver WHEP Nature Camp July 13, 2026***

As a participant/guardian of a participant in a Cerro Gordo County Conservation Board/Lime Creek Nature Center Foundation program and/or activity I have read and agree to the following:

I hereby voluntarily release, forever discharge, and agree to indemnify, defend, and hold harmless the County of Cerro Gordo, Iowa, its agents, employees, or any other person from any and all claims, demands, or causes of action arising out of my child's voluntary participation in the Camp, including such claims which allege negligent acts or omissions of the County of Cerro Gordo, Iowa. It is further understood and agreed that the participant shall at the option of the County, defend the County of Cerro Gordo, Iowa, with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder. Should the County of Cerro Gordo, Iowa be required to incur attorney's fees and costs to enforce this Activity Waiver, I agree to indemnify and hold harmless the County of Cerro Gordo, Iowa for all such fees and costs (I agree to reimburse the County).

In the event of an emergency, I give permission for the Cerro Gordo County Conservation Board staff or volunteers to administer first aid and/or obtain emergency medical treatment for me/my dependent. I understand that, if necessary, I/my dependent will be transported by ambulance to the nearest hospital. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

Participant's Name: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your membership will entitle you to our seasonal newsletter, program benefits (i.e. preferential signup, decreased cost) and qualifies you as a voting member at the Annual Meeting of Members.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- I would like to receive an Electronic Version of the Newsletter
- I would like to receive emails about upcoming programs

Also, please accept my open donation to be used for Nature Center expenses:  
\$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ Other \_\_\_\_\_

Your membership and donation are tax deductible.

\*\*\*\*\*MEMBERSHIPS EXPIRE ON JUNE 30TH\*\*\*\*\*

If paying by check, make payable to Lime Creek Nature Center

**Mail this form along with your check or credit card info to: Lime Creek Nature Center, 3501 Lime Creek Road, Mason City, IA 50401 or email to mermer@cgcounty.org. Call with questions (641) 423-5309.**

PERSONAL MEMBERSHIPS		1-YEAR	3-YEAR
_____ JUNIOR-14 and under	\$	5.00 & up	\$ 15.00 & up
_____ INDIVIDUAL	\$	25.00 & up	\$ 70.00 & up
_____ FAMILY	\$	35.00 & up	\$100.00 & up
_____ PATRON	\$	100.00 & up	
_____ BENEFACTOR	\$	200.00 & up	

BUSINESS & ORGANIZATIONS	
_____ NON-PROFIT ORGANIZATION	\$ 100.00 & up
_____ BUSINESS	\$ 200.00 & up

TO PAY BY CREDIT/DEBIT CARD (FEE APPLIES):  
CALL, STOP BY OR COMPLETE & MAIL TO LCNC

Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Service Fee (Credit 2.20%-Debit 1.20%-Min \$1.00 per Transaction)

Amount \_\_\_\_\_ + Fee \_\_\_\_\_ = Total Due \_\_\_\_\_

Signature \_\_\_\_\_

Service delivery fee will automatically be imposed if not added, or adjusted if incorrect. The issuer of the Card is authorized to pay the amount shown as a total upon proper presentation. I promise to pay such total, with any other charges due on it, subject to and in accordance with the Card member agreement governing the use of this card.