



DISCOVERE

**Programs at Nolde Forest
for Young People ages 6-12**

**Nolde Forest Environmental Education
Center
2910 New Holland Road
Reading, PA 19607
610-796-3699**

“Holiday Break” Day Sessions

Wild Things!

**Tuesday November 26
8:30 a.m.- 3 p.m.**

Wild things can make your heart sing! Learn about the wild creatures that call Nolde Forest home. Outdoor nature exploration and games, hiking and craft follow the theme as we discover how we share the land with our wild neighbors.

Winter Wonders

**Friday December 27
8:30 a.m.- 3 p.m.**

We'll be walking in a winter wonderland, snow or no, as we venture out into the late season forest. Who's awake, who's asleep? Is anything going on out there? Outdoor exploration, hiking, games, and craft help us find out.

**Register for
“Wild Things!” by November 12
“Winter Wonders” by December 9**

**REGISTRATION IS REQUIRED
Use one registration form (on back of
this page) per child;
indicate program name(s) on form.**

**\$20.00 per child per session
Make checks payable to BCIU.**

**Programs held rain or shine.
Part of program is outdoors, except for cases
of extreme conditions.**

Dress for the weather!

Pack a lunch and drink.

For more information, contact Nolde Forest at 610-796-3699 or e-mail noldeforestprogramstaff@state.pa.us.

See Community Program Guide (pick up at park) for more programs, or visit <http://www.dcnr.state.pa.us/stateparks/parks/noldeforest.aspx>

www.dcnr.state.pa.us



pennsylvania
DEPARTMENT OF CONSERVATION
AND NATURAL RESOURCES

Program Registration

Nolde Forest Environmental Education Center

Liability, Photo, and Medical Release

Program _____ Date(s) _____

Participant's Name _____

Address _____

City, State _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

Please check if you would like to receive emails on
 park info/programs iConservePA/DCNR conservation tips/ideas/news

For youth programs: Birth date/year _____ Male or Female

Liability Release Statement: Please Read and Sign

On behalf of myself (and my child/ward), being permitted and willing to participate in DCNR outdoor recreational and educational activities in the above program on said dates: I agree (on behalf of myself and my child/ward) to waive any and all claims against, and agree to fully release, hold harmless, and indemnify, DCNR, its officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain through participation and association with this program.

Participant Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

(signature required for minor participants)

Photo Release: Read and Initial _____ (INITIAL)

I authorize DCNR to publish, display, or use all photographs in which I or my child/ward will appear such as in news articles or on official DCNR related websites without limitation.

Medical Treatment Release: Read and Initial _____ (INITIAL)

In the event of injury or illness, I authorize (on behalf of myself and my child/ward) DCNR to obtain first aid and/or medical treatment at the nearest and most adequate facility.

First Emergency Contact (Parent or Guardian for youth programs)

Print Name _____ Relationship _____

Phone (Home) _____ (Work) _____ (Cell) _____

Second Emergency Contact

Print Name _____ Relationship _____

Phone (Home) _____ (Work) _____ (Cell) _____

Medical Information

Please describe health concerns of which the staff should be aware (e.g. medications, allergies, etc.). _____

