



2010 Spring Break Camp

Museum Madness

March 15-19
8am to 5pm daily

Registration Begins February 1



silosandsmokestacks.org

Camp Schedule

Monday: *Laura Ingalls Wilder Park & Museum and Maple Syruping at Hartman Reserve*
Step back in time as you walk through the inn where Laura and her family lived for 2 years, afterwards learn to make maple syrup at Hartman.

Tuesday: *Carl & Mary Koehler History Center and Cedar Rapids Museum of Art*
Learn about Iowa's early pioneers at the History Center then check out the famous studio where Grant Wood painted his masterpieces.

Wednesday: *University of Iowa Museum of Natural History and Herbert Hoover Presidential Museum & Historic Site*
Experience what life was like millions of years ago and then learn about Iowa's President, Herbert Hoover.

Thursday: *Grout Museum District and Waterloo Center of the Arts*
Create unique pieces of art while learning about Iowa's farming history.

Thursday Evening: *A Night at the Museum*
Spend a night at the UNI Museums exploring exotic mounts and geological displays.

Friday: *National Mississippi River Museum*
Travel to the Mississippi River Museum and spend the day submerged in science.

Important Stuff

- 1) Camp is limited to 15 participants
- 2) Base Camp is:
Hartman Reserve Nature Center
657 Reserve Drive
Cedar Falls, IA
- 3) Campers must bring a sack lunch, snacks are provided
- 4) Sign up for all 5 days and receive a cool camp hat
- 5) Bring a sleeping bag for a night at the museum; supper and breakfast will be provided



Underground exploration at the Waterloo Center for Arts.

2010 Spring Break Camp



Campers on a scavenger hunt at UNI Museums.

Spend spring break exploring the museums of Iowa. Each day campers will go on a new and exciting adventure within Silos & Smokestacks National Heritage Area. Activities include: visiting the home of Laura Ingalls Wilder, spending a night at the UNI Museums, traveling to the National Mississippi River Museum and making maple syrup at Hartman Reserve Nature Center.

Camp is open to students in grades 3-5. Cost for spring break camp is \$150 for the entire week with an overnight stay at UNI Museums or \$130 for day camps only. Camps run from 8a m to 5pm daily, with base camp located at Hartman Reserve Nature Center. Registration begins February 1.

Student Name: _____
 Street Address: _____
 City: _____
 Zip Code: _____
 Grade: _____
 Parent/Guardian Name: _____
 Parent/Guardian Daytime Phone: _____
 Male Female Museum Overnight Stay Yes No

Campers using a hand drill at the National Mississippi River Museum.



Medical Disclosure

The following information may be helpful in the unlikely event of an accident. Please indicate if participant has a history of medical complications, as listed below or other.

Allergies: Bees/Insects _____ Food _____
 Medications _____ Other _____

Any medical condition HRNC/SSNHA staff should be aware of? _____

Medication	Purpose	Time Given

In the event of an emergency, participant is covered by the following:

Insurance Company: _____ Policy # _____
 Emergency Contact: _____ Phone: _____
 Doctor's Name: _____ Office Phone: _____

Medical Consent, Photo Permission and Liability Waiver

Parental permission must be secured for participants who are under 18 years of age.

I am aware in signing this document that certain risks and dangers exist in the activities in which my child or I may be participating. I acknowledge that while HRNC and SSNHA staff will make every reasonable effort to teach my child or me proper safety and minimize exposure to known risks, all dangers associated with these activities cannot be foreseen. These risks may include, but are not limited to, the loss or damage of personal property, injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hyperthermia (heat exposure), hypothermia (cold exposure), or suffering any type of accident or illness in remote areas without immediate access to medical facilities, or while traveling to or from the activity sites. I have a personal responsibility to make sure my child and I understand and follow the safety standards, guidelines and procedures established by the HRNC and SSNHA staff. Furthermore, I give my consent to HRNC and SSNHA staff or other medical personnel to treat my child or me in an emergency situation.

If my child will be taking any medications, it will be sent in the prescription bottle with clear instructions as to when it should be taken. The medication shall be in the care of the HRNC and SSNHA staff and will be dispensed as prescribed.

I understand that the programs at HRNC are subject to inclement weather. In the case of necessary changes, I understand a program of equal value will be substituted and my program fee will be used for this purpose. Weather related refunds are not allowed as long as a program continues.

I also agree, unless I explicitly request otherwise, that photographs taken during this program may be used for promotional purposes by NRHC.

Signature (Parent/Gardian) _____ Date _____

Please send registration form & payment to Hartman Reserve 657 Reserve Drive, Cedar Falls, IA 50613, 319.277.2187
 Make checks payable to: HRNC

