



REGISTRATION FORM

Child Name: First _____ Last _____

Child's Age: _____ Grade this fall: _____

T-shirt Size (youth): XS S M L XL

Mailing Address: _____

Email: _____

Parent 1 or legal guardian name 1: _____

Relationship to child: _____ Contact phone number: _____

Parent 2 or legal guardian name 2: _____

Relationship to child: _____ Contact phone number: _____

Please list the name of someone who will be responsible for your child, if you cannot be reached.

_____ Phone number of this person: _____

Please list the name of an additional someone who will be responsible for your child, if you cannot be reached.

_____ Phone number of this person: _____



Please list any special health conditions, food or other allergies, medications taken, etc. Write 'none' if there are not any.

Doctor's Name: _____

Doctor's Phone Number: _____

Hospital Preference: _____

In case of a medical emergency, when I cannot be reached, I give permission for my child to be taken to the nearest doctor or medical facility for treatment. My signature reflects my permission for my child to participate in all activities of the scheduled "Summer Science" program.

Signature: _____ Date: _____



Please circle one. My child belongs in

POLLYWOGS (ages 5-7)

BULLFROGS (ages 8-10)

I would like to enroll my child in the follows days. Please check all that apply.
\$30 each or \$300 for all (a \$60 savings!)

_____ All 12 days!

_____ July 6 Tuesday Honeybee Adventure & Flower Power

_____ July 8 Thursday Butterflies and Moths & Metamorphosis

_____ July 13 Tuesday Amazing Ants & Meet the Beetles

_____ July 15 Thursday Snakes Alive & Mysterious Spiders

_____ July 20 Tuesday Fantastic Frogs & Terrific Toads

_____ July 22 Thursday Yard Birds & Birds of Prey

_____ July 27 Tuesday Ponds, Lakes and Creeks & Art in Nature

_____ July 29 Thursday Rocky Ground & Nature Detective

_____ Aug 3 Tuesday Our Blue Planet & Clouds

_____ Aug 5 Thursday Creatures of the Night

_____ Aug 10 Tuesday For the Love of Trees & Traveling Seeds

_____ Aug 12 Thursday Conservation is Cool & Ecology for Everyone



CONSENT FORMS

_____ PHOTO CONSENT for a minor: I grant the Longview Arboretum and Nature Center my permission to use the photographs taken during camp for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Or

_____ I decline Photo Consent (check if applicable)

Signature: _____ Date: _____

MEDICAL CONSENT for a Minor

I, _____ parent or legal guardian of _____, do hereby consent to any medical care determined by a physician to be necessary for the welfare of my child while said child is under the care of Longview Arboretum and Nature Center and I am not reasonably available by telephone to give consent.

Or

_____ I decline Medical Care (check if applicable).

Signature: _____ Date: _____



BATHROOM POLICY

Campers will be given a bathroom break during each session. In order to protect guest instructors, staff and children, no staff may assist a child in bathroom duties. A guardian or emergency contact will be called in the case of an accident or an emergency. My signature reflects that I am aware of this policy.

Signature: _____ Date: _____

ACKNOWLEDGE Camp Policy

I have read the description of the camp my child is participating in and find it acceptable for my child's participation.

Signature: _____ Date: _____