



REGISTRATION FORM

Child Name: First _____ Last _____

Child's Age: _____ Grade this fall: _____

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: _____



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: _____