



"Making A Positive Difference"

# Environmental Encounters Summer Camp 2012

## REGISTRATION FORM

Child's Name: (please print) \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email(s): \_\_\_\_\_

Age of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School Grade 2012-2013 \_\_\_\_\_

Parent/Guardian's Place of Employment and Address:  
\_\_\_\_\_

Please Provide Emergency Contact Names and Phone Numbers:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Camper Information:

Should we be aware of any medicines your child is taking?  Yes  No (if yes, please explain) \_\_\_\_\_

Should we be aware of any medical condition your child has?  Yes  No (if yes, please explain) \_\_\_\_\_

Does your child have any known allergies?  Yes  No (if yes, please explain) \_\_\_\_\_

# **Environmental Encounters Summer Camp 2012**

## **REQUIRED PARENTAL AUTHORIZATIONS**

Please complete, sign, and date each of the sections below:

Child's Name (please print) \_\_\_\_\_

### **Deliver and Receive**

The following people may deliver and receive my child:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### **Emergency and Medical Treatment**

Francis M. Weston Audubon Society (FMWAS) has permission to obtain emergency medical treatment for my child, (please print) \_\_\_\_\_.

### **Photography Release**

My Child may be photographed or videotaped during "**Environmental Encounters Summer Camp 2012**" for educational, promotional, or other non-commercial purposes.

\_\_\_\_\_ Yes \_\_\_\_\_ No      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Environmental Encounters Summer Camp 2012**

## **Documentation of Special Needs and/or Critical Information**

**Does your child have any special needs, limitations, or restrictions from activities or other events of which we need to be aware? Limitations and/or restrictions may include physical, visual, hearing, social, cultural, or religious. If so, please list these needs below:**

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## **RULES FOR CAMP:**

**Campers are expected to:**

- 1. follow directions given by camp staff and assistants.**
- 2. show respect to camp staff, assistants, and all other campers.**
- 3. not swear**
- 4. not verbally, or physically offend others.**
- 5. participate in all activities.**
- 6. wear closed-toed shoes at all times.**
- 7. bring lunch and drinks each day.**
- 8. HAVE A GREAT TIME EXPLORING AND LEARNING ABOUT OUR ENVIRONMENT!**