



Rescuing, Rehabilitating, Releasing
Native Wildlife Since 1979

ONE DAY SUMMER CAMP REGISTRATION FORM

at Wildlife Rescue Center | July 20th or July 27th | 9am-3pm

Please Fill Out One Form for Each Child

Today's Date: _____ Date of Birth: _____ Age: _____

Participant's name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Mailing address (if different from above): _____

Best number to contact family by phone: _____

Best e-mail to contact family: _____

How did you hear about the educational programs at the Wildlife Rescue Center?

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____

Phone: Home: _____ Work: _____ Cell: _____

Address (if different from participant): _____

City: _____ State: _____ Zip: _____



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ADDITIONAL EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Child: _____

Complete Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____



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WILDLIFE RESCUE CENTER CAMP PARENTAL/GUARDIAN PERMISSION FORM

I/We give permission for _____ to participate in Camp activities conducted at the Wildlife Rescue Center. My child will not be allowed to handle any animals that have been admitted for rehabilitation care, but at times may take a tour of the facility. My child may have an opportunity, but will not be forced, to touch select animals pertaining to the day's lessons, such as box turtles, backyard bugs, or other small animals used by the education department to represent phyla of wildlife. I/We understand that my child will be exposed to elements of nature during outdoor activities, including but not limited to the sun, heat, water, dirt, insects, pollen. I/We will equip them properly each day before bringing them to camp. I/We acknowledge the risk of injury related to outdoor activity and will not hold Wildlife Rescue Center responsible for injury accrued while participating in Camp. The Wildlife Rescue Center will not be held responsible for expenses relating to the treatment of injuries or emergency care. I/We understand that the staff is not able to administer medications to my child. Additional information about my child, including any allergies, medical conditions or restrictions is written on the front of this form. _____YES _____NO.

I/We acknowledge that my child will be taught various topics regarding wildlife and environmental science. My child is expected to follow the instructions of staff and volunteers. My child is to be respectful to staff, volunteers, fellow campers, and animal patients. I/We understand that the Wildlife Rescue Center reserves the right to revoke my child's participation in camp without refund if my child is unwilling to follow safety rules. I/We understand that I/We may withdrawal our child from camp, at any time, but will not be refunded after the date that camp begins.

I/We consent to and authorize the right to use, prepare and reproduce images that have been taken of myself/us, or my child, in any digital, video, photographic and/or other audio/visual formats, to distribute and publicly display for commercial or educational purposes in any medium available including but not limited to websites, conferences and seminars, magazine or newspaper publications, videos, CD/DVD's, event brochures, and/or collateral marketing materials related to Camp programs or other functions related to the Wildlife Rescue Center without compensation to me.

PLEASE NOTE: The Wildlife Rescue Center reserves the right to withdraw any camper whose influence or actions are deemed harmful or who will not abide with rules and policies of the camp. In the event of dismissal or withdrawal, refunds are not possible. I certify that I have read and understood the information detailed in this application and that the information I have given and released is true and correct.

Date: _____

Signature of Parent/Guardian: _____

Print Full Name: _____

Relationship to Child: _____



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WILDLIFE RESCUE CENTER CAMP – PAYMENT FORMS

The payment options and costs for camp are listed on this form. Cost includes all materials and a snack each day. **Campers will need to bring their own packed lunch and a refillable water bottle daily.** Please select your desired date of camp below. Please choose only one day of camp.

Early Registration (20% discount): \$40.00 each child
(early registration ends April 30)

One Day Camp Fee: \$50.00 each child
(standard registration ends July 13)

I am registering my child for:

Mountain Lions Camp (July 20 | Ages 10-13): _____

Bobcats Camp (July 27 | Ages 6-9): _____

Total Due: \$ _____

PAYMENT METHODS

Payment must be received with this form, prior to

April 30, 2012 (early registration) or July 13, 2012 (standard registration)

in order for us to purchase supplies and prepare for your child's participation. We will send a letter of confirmation when payment is received. Please select from the following payment options:

Check \$ _____

Checks are made payable to WILDLIFE RESCUE CENTER and should be mailed with these forms to the address listed on the next page.

Credit Card \$ _____

Credit Card payments can also be made over the phone, but registration will not be considered complete until both the payment AND registration forms are received.

Select Type: **VISA MASTERCARD DISCOVER**

Credit Card Number: _____

Signature: _____

Expiration Date: _____ 3-digit Security Code: _____



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Please mail all registration forms and payment to:

**Attn: Education Department
Wildlife Rescue Center, 1128 New Ballwin Rd., Ballwin, MO 63021**

Thank you for choosing the Wildlife Rescue Center camps to be included amongst your child's summer activities. We look forward to teaching them the intricate connections that exist between all of Missouri's wildlife and ourselves. If you have any questions pertaining to this registration package, do not hesitate to contact us! Our Manager of Education Programs can be reached by phone at (636) 394-1880 ext. 209 and by email at education@mowildlife.org.

MEDICAL INFORMATION

Name of Camper: _____ Session Dates: _____

1. Allergies

My child has severe allergy to: _____

Emergency Medications:

Inhaled Medications: _____ give 1-2 puffs: _____ (time of day)

Injected Medications: _____ directions: _____

Oral Medications: _____ dose: _____ when: _____

Child can carry and self-administer this medication – if yes, check box at left

Child needs camp staff to administer this medication – if yes, check box at left

Anaphylaxis Protocol (For severe reaction – shortness of breath, tongue/throat swelling, dizziness, vomiting): _____

We will call an ambulance to take your child to the local Emergency Room.

Please have the counselor carry my child's EpiPen; OR

My child's EpiPen will be in the zipper pocket of the backpack.

2. Other Medications

These medications should be administered during the day at camp. This includes any medications or prescriptions such as Tylenol or skin creams.

Medications must be labeled with camper name, with directions clearly stated.

Inhaled medications: _____ give 1-2 puffs: _____ (time of day)



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Medication: _____ dose: _____ times/day: _____
Medication: _____ dose: _____ times/day: _____
Medication: _____ dose: _____ times/day: _____
Medication: _____ dose: _____ times/day: _____

Child can carry and self administer medications – if yes, check box at left
 Child needs camp staff to administer medications – if yes, check box at left

IN CASE OF EMERGENCY, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

CHILD'S PRIMARY PHYSICIAN: _____ PHONE: _____

INSURANCE PROVIDER: _____ PLAN#: _____

CARRIER ID #: _____

Please Provide The Center With A Copy Of Your Insurance Card(S).

Additional Medical Conditions or Other Behavioral Issues that the Camp should be aware of:

I, _____, hereby give the Camps at Wildlife Rescue Center permission to order X-rays, medical tests, and medical treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child, the above identified camper.

I understand that the Camp will make reasonable attempts to communicate with me prior to medical treatment in non-life threatening and other non-emergency situations, but that in accordance with the preceding paragraph, medical examination and treatment will be performed without necessarily communicating with me first or in life threatening and other emergency situations, even without attempting such communication. I give consent for emergency transportation to a medical facility (by ambulance or school vehicle) for my child.

I understand that the permission I have given by signing this form is required for acceptance of my child as a camper.

Signature parent/Guardian: _____ Date: _____