Summer Camp Registration Form – Personal Information

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: _____

Parent/Guardian Information

PARENT/GUARDIAN'S NAME**:** _____

PHONES: (H)_____ (W)_____ (C)_____

ADDRESS (if different from Participant): _____

CITY: _____ STATE: _____ ZIP: _____

Additional Emergency Contact Information

NAME**:** _____ (Relationship to child) _____

COMPLETE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONES: (H) _____ (W) _____ (C) _____

Summer Camp
Parental/Guardian Permission Form

I/We give permission for _____ to participate in Summer Camp activities conducted at the Wildlife Center of Missouri. 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 Center of Missouri responsible for injury accrued while participating in Summer Camp. The Wildlife Center of Missouri 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, and that I/we will receive a copy of the curriculum prior to the month that camp begins. 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 Center reserves the right to revoke my child's participation in Summer 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 Summer Camp programs or other functions related to the Wildlife Center of Missouri without compensation to me.

PLEASE NOTE: The Wildlife Center of Missouri 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: _____

Summer Camp – Payment Forms

The payment options and costs for summer camp are listed on this form. Please select your desired week(s) of camp as well as any additional services you may require.

Is Participant a JVP member? (Check One) **Y**_____ **N** _____

JVP members receive a 20% discount on summer camp and will pay $105 per week. The fee for Non-members is $130 per week.

I am registering my child for:

_____ Week 1 July 12-16

_____ Week 2 July 19-23

Subtotal: **$_____**

The above cost will cover materials and supplies for your child, a daily snack and drink (soda, Kool-Aid, etc), drinking water, and camp T-shirt. Please circle the desired size for your child's T-shirt. All sizes listed are youth sizes.

Small Medium Large X-Large

We understand that many parents work daily during the summer months. In order to assist with your busy schedule, we are offering both early and late care services. When you register your child to participate in early or late care, you are registering for a full camp week (Monday – Friday) of that service. Early and Late Care fees are each $25 per week per child.

I am registering my child for:

Early Care (8-9am) _____Week 1 _____Week 2

Late Care (3-5pm) _____ Week 1 _____ Week 2

Subtotal: $_____

TOTAL: $_____

Refer to the backside of this page for payment methods.

PAYMENT METHODS

Payment must be received with this form, prior to June 6th 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 CENTER OF MISSOURI and should be mailed with these forms to the address listed at the bottom of the page.

Credit Card $_____

Select Type: **VISA** **MASTERCARD**

Credit Card Number: _____

Signature: _____

Expiration Date: _____

3-digit Security Code: _____

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.

Please mail all registration forms and payment to:

Education Department
Wildlife Center of Missouri
1128 New Ballwin Rd.
Ballwin, MO 63021

Thank you for choosing the Wildlife Center of Missouri Summer Camp 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 Education Coordinator can be reached by phone at (636) 394-1880 ext. 209 and by email at education@mowildlife.org.

MEDICAL INFORMATION

Summer Camp at the Wildlife Center of Missouri
1128 New Ballwin Rd.
Ballwin, MO 63021

Name of Camper: _____ Session Dates: _____

1. <u>Allergies</u>
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. <u>Other Medications</u>
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)

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 Summer Camp at the Wildlife Center of Missouri permission to order X-rays, medical tests, and medical treatment; to releae 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 with 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: _____