

# Summer Bike Camp Registration 2011

Dungeness River Audubon Center  
at Railroad Bridge Park  
360-681-4076  
PO Box 2450  
Sequim WA 98382  
[rctech@olympus.net](mailto:rctech@olympus.net)

Camp dates - circle choice(s): July 5<sup>th</sup> & 6<sup>th</sup>, July 19<sup>th</sup> & 20<sup>th</sup>  
**Special scheduling on alternate dates for groups larger than 6 available!!**

## Camper Information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Date of Birth M/D/YR: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Gender: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade (Fall 2010): \_\_\_\_\_

## Contact Information

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Circle One: Send camp information and reminders by: Mail or Email**

*Please help us save paper by receiving reminders on email!*

Camp price includes lunches, does the bike camper have any diet restrictions?

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**Would you like to be contacted about other activities and classes for children?**

**YES! Email Address:** \_\_\_\_\_

Cost: \$80 per Child per session. Please make checks payable to **Dungeness River Audubon Center** and mail with Registration Form, Medical History, Parent Permission, to: Audubon Summer Science Camp, PO Box 2450, Sequim WA 98382. Reservation will be made upon Receipt of Payment. For question please call (360)-681-4076 and ask for Powell Jones or e-mail [rctech@olympus.net](mailto:rctech@olympus.net)

# MEDICAL INFORMATION

**River Center Foundation, P.O. Box 2450, Sequim, WA 98382 360-681-4076**

Please mail this form to (P.O. Box 2450, Sequim) or bring it to the Dungeness River Audubon Center. Staff **must have medical information and a signed release form** for each Camper and Volunteer **before they can participate in activities.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## EMERGENCY CONTACTS

Parent(s)/Guardian(s) \_\_\_\_\_ Phone (h) \_\_\_\_\_ Phone (w) \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## TWO EMERGENCY CONTACTS

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Are you covered by medical insurance or medical card? \_\_\_\_\_  
Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

## HEALTH INFORMATION

Please fill out completely.

Is your child taking and medications? If so, please describe. (Send with instructions and permission to administer)

\_\_\_\_\_  
\_\_\_\_\_

Have your child had any major illness or injury in the last three years? Please describe.

\_\_\_\_\_

Does your child have any allergies or medical alerts? If so, please list and tell the treatment plan. (asthma, bee sting, epilepsy, diabetes, heart defects, respiratory problems, social - emotional, physical, other, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT PERMISSION SLIP AND AUTHORIZATION FOR TREATMENT**

**Dungeness River Audubon Center, P.O. Box 2450, Sequim, WA 98382 360-681-4076**

**[rctech@olympus.net](mailto:rctech@olympus.net)**

We are required by law to have parent/guardian permission to give medical service, should the need arise, for participants under the legal age of consent (18 years).

The Undersigned, who is one of the parents having legal custody, or the legal guardian, of the participant named, a minor, hereby authorizes the personnel of the Dungeness River Audubon Center into whose care said minor \_\_\_\_\_ (student's name) has been entrusted, to consent to medical examination, diagnosis, and treatment or hospital care to be rendered to said minor under general or special supervision and on the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or by a dentist licensed under the provisions of the Dental Practice Act.

For minor illnesses or injuries, the Dungeness River Audubon Center will attempt to contact me before my child leaves the medical office. For major illnesses or injuries, the Dungeness River Audubon Center will attempt to contact me before institution of treatment unless such treatment is so urgent it must be done before contact can be made. If I cannot be reached, this authorization is nevertheless effective. I will provide the medication if it is known that my child has such allergies. I agree to assume financial responsibility for my child's medical or dental care. It is hereby agreed that the Dungeness River Audubon Center and its partners shall not be held responsible for any injuries that might occur to the participant at any time or at any place.

I also hereby grant to the Dungeness River Audubon Center and/or its licensees permission to photograph, record, and use my child's name, image, and voice in connection with promotional presentations. (The usual means might include slide shows, Camp CD's, video presentations, brochures, television, radio, newspaper and newsletter stories or ads, web page promotions and the like.)

This consent shall be effective in 2011 - 2012

Parent/Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_ Printed Name \_\_\_\_\_  
Parent/Guardian Telephone # Day \_\_\_\_\_ Eve \_\_\_\_\_

If you have any additional notes or comments, please place them below.