

Dungeness River Audubon Center

Camp Registration 2017

Dungeness River Audubon Center
at Railroad Bridge Park
360-681-4076
PO Box 2450
Sequim WA 98382
rceeducation@olympus.net

Please circle or highlight which camp(s) you'd like to register for:
If registering for multiple camps, only one set of forms is necessary.

- Builders Camp** - July 6th and 7th - \$90
- Nature Ninjas** - July 13th and 14th - \$90
- Girls in Science** - July 17th - 19th - \$120
- Creatures of Olympic Peninsula** - July 31st and August 1st - \$90
- Treasure Hunters** - August 3rd and 4th - \$90
- Bike Camp** - August 7th-10th half days - \$75
- Nature Camp** - August 21st - 24th - \$150

Camper Information

First Name: _____

Last Name: _____

Date of Birth M/D/YR: ____ / ____ / ____ **Age** _____

Gender: _____

Grade (Fall 2015): _____

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!

(For Bike Camp and Summer Science Camp) Does camper have a bike and helmet they can use during camp? **Yes or No** - *Arrangements can be made if not available.*

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

Email Address: _____

Please make checks payable to **Dungeness River Audubon Center** and mail with Registration Form, Medical History, Parent Permission, to: River Center 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 Jenna Ziogas or e-mail RCEducation@olympus.net.

MEDICAL INFORMATION

Dungeness River Audubon Center, 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
rceeducation@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 2017 - 2018

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

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