

Second Chances Wildlife Center Camp Registration Form

Child

First _____ Middle _____ Last _____ Gender: Male ___ Female ___
School Name _____ Grade _____ Birth date ____ / ____ / ____ Age _____
Street Address _____
City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Medical Release Information

Insurance Information
Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital Preference _____

Please list any medical considerations that would help us better serve your child to include any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures, ADD).

<u>Medical Problem/Diagnose</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food, medication, or animal?
Yes ___ No ___ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Second Chances Wildlife Center will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

How did you hear about Second Chances Wildlife Center's Camps. _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Second Chances Wildlife Center Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Second Chances Wildlife Center.

Parent's/Guardian's Initials _____

Camp Fees:

One Day **Fall** Camp (9AM-4PM)
\$75

Two Day **Holiday** Camp (9AM-4PM)
\$150

One week **Summer** Day Camp (9AM-3PM)
\$300

Camp dates for which you are registering: _____

Circle Payment: Check Credit Card

Credit Card: MC Visa

Name on card: _____

Number: _____ EXP: _____ CSC: _____