## **Second Chances Wildlife Center Camp Registration Form**

Policy Number	Child				
Street Address  Parent/Guardian - Contact Information  Parent/Guardian # First	First	M	liddle	Last	Gender: Male Female_
Street Address  Parent/Guardian - Contact Information  Parent/Guardian # First	School Name		Grade _	Birth date/	/Age
Parent/Guardian + Contact Information Parent/Guardian # I First	Street Address				
Parent/Guardian #1   Last	City	State _	Zip code	Child's Hom	e Phone
Parent/Guardian #1   Last	Parent/Guardian - Contac	ct Information			
First Last Ms. Mrs. Mr. Other Street Address Town/City State Zip Code Home Phone Cell phone E-mail Coccupation Employer    Parent/Guardian #2					
Street Address Cell phone			Last		Ms Mrs Mr Other
Cell phone	Street Address				1115. 11115. 1111. Other
Cell phone	Town/City	State	7in Code	Home Phone	
First Last Ms. Mr. Other Street Address Street Address Street Address Cell phone E-mail Coccupation Employer  Emergency Contact Information – Alternate Pickup/Release Emergency Contact #1 First Name Last Name Home Phone Relation to child Emergency Contact #2 First Name Last Name Home Phone Relation to child Emergency Contact #2 First Name Last Name Home Phone Relation to child Emergency Contact #3 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Phone Email Sequence From Relation to child Emergency Phone Email Sequence From Relation to child Emergency Phone Email Sequence From Relation to child Emergency Number Phone Relation to child Emergency 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. Diabetic, Asthma, Seizures, ADD).  Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No 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	Call phana	State	_ Zip Couc	Home I none	<del></del>
First Last Ms. Mr. Other Street Address Street Address Street Address Cell phone E-mail Coccupation Employer  Emergency Contact Information – Alternate Pickup/Release Emergency Contact #1 First Name Last Name Home Phone Relation to child Emergency Contact #2 First Name Last Name Home Phone Relation to child Emergency Contact #2 First Name Last Name Home Phone Relation to child Emergency Contact #3 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Contact #4 First Name Last Name Home Phone Relation to child Emergency Phone Email Sequence From Relation to child Emergency Phone Email Sequence From Relation to child Emergency Phone Email Sequence From Relation to child Emergency Number Phone Relation to child Emergency 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. Diabetic, Asthma, Seizures, ADD).  Medical Problem/Diagnose Required treatment Should paramedic by called? Yes/No 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	Occupation		E-man	Employer	
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Employer	Coll phone	State	_ Zip code	Home Phone	
Emergency Contact Information — Alternate Pickup/Release  Emergency Contact #1 First Name	Cen phone		E-IIIāII	F 1	
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First Name	Cell Phone	Email		Re	elation to child
First Name					
Relation to child   Relation to child	Emergency Contact #2				
Relation to child   Relation to child	First Name	Last Name	e	Home Phone	Work Phone
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Policy Number	Medical Release Information	on			
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. Diabetic, Asthma, Seizures, ADD).  Medical Problem/Diagnose Required treatment Should paramedic by called?  Yes/No 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: If yes, explain: Inderstand 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	Insurance Information	<del>_</del>			
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. Diabetic, Asthma, Seizures, ADD).  Medical Problem/Diagnose Required treatment Should paramedic by called?  Yes/No 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: If yes, explain: Inderstand 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	Policy Number		Name o	of Health Insurance Provid	er
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Parent's/Guardian's Initials \_\_\_\_\_

I understand that Second Chances Wildlife C penses will be my responsibility as parent/gu		the medical expenses incurred, but that such ex-
		Parent's/Guardian's Initials
How did you hear about Second Chances	Wildlife Center's Camps	
Terms of Agreement		
Photo Release		
will be used to keep a journal of activities, to sh purposes including flyers, brochures, newspape	nare during power point presenta er and on the internet. I understa	<b>Chances Wildlife Center Camp</b> . I understand the photos tions and/or reports to our donors and for promotional and that although my child's photograph may be used for on and that all photos are the property of Second
		Parent's/Guardian's Initials
Camp Fees:		
One Day Camp (9AM-4PM) \$80		
Two Day Camp (9AM-4PM) \$160		
One week Summer Day Camp (9AM-3PM) \$275		
Camp dates for which you are registering:		
Circle Payment: Check Credit Card		
Credit Card: MC Visa		
Name on card:		
Number:	EXP:	CSC: