

## 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 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: \_\_\_\_\_