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### Capen Hill Nature Camp Registration Form 2010

(Please submit one form for each child. Please print.)

Additional Forms can be downloaded from [www.capenhill.org](http://www.capenhill.org) (Summer Camp)

#### Camper Information

Child's Name: \_\_\_\_\_ Gender: Male / Female

Age at start of camp: \_\_\_\_\_ years and \_\_\_\_\_ months. Grade in Sept. \_\_\_\_\_

O Session 1  
July 13 -17

O Session 2  
July 20 -24

O Session 3  
July 27- 31

O Session 4  
August 3-7

Mother's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### EMERGENCY CONTACT: If we cannot be reached, please call:

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

#### Medical History (check if applicable\*): Fill out below plus attach Signed Physical Form with Immunization Record. Form may also be sent to us directly from Physician's Office but please notify us on this form if you choose to do this. Record included: \_\_\_\_\_ Record to be returned to us at a later date: \_\_\_\_\_

allergies \_\_\_ headaches \_\_\_ ear infections \_\_\_ learning disabilities \_\_\_ hay fever \_\_\_ hives \_\_\_ noticeable hearing loss \_\_\_

asthma \_\_\_ fainting \_\_\_ heart disease \_\_\_ motor control \_\_\_ insect stings \_\_\_ nose bleeds \_\_\_ convulsions \_\_\_

poison ivy \_\_\_ food/drug allergies \_\_\_ sore throats \_\_\_ diabetes \_\_\_ other \_\_\_\_\_

\*To help us understand your child's individual needs, please write here any information you think will be helpful to us, such as allergies, physical or learning disabilities, or any other considerations of importance: \_\_\_\_\_

Name of all medication child is on: \_\_\_\_\_ For what problem? \_\_\_\_\_

Directions for administering during camp (will contact you): \_\_\_\_\_

Parents and/or Doctor's suggestions/restrictions: \_\_\_\_\_

This child may engage in all usual activities except as noted: \_\_\_\_\_

Doctor's Name, Address, and Phone Number: \_\_\_\_\_

#### Camp Fee (fee is per one week session): Extended Hours Available-See Reverse Side For Info.

Fledgling (4-5 years): Member \$80 / Non-member \$90 # of sessions \_\_\_\_\_ \$ \_\_\_\_\_ Camp Fee

Explorer (6-13 years): Member \$115 / Non-member \$130 # of sessions \_\_\_\_\_ \$ \_\_\_\_\_ Camp Fee

Camp T-shirt: \$12 each

Child: S (6-8) \_\_\_ M (10-12) \_\_\_ L (14-16) \_\_\_ Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ \$ \_\_\_\_\_ Camp Shirt

Camp Visor \$10 each One size fits all. \$ \_\_\_\_\_ Camp Visor

#### Method of Payment (We accept Check or Master Card/Visa – please check one)

Check # \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ 3 digit Code on back of card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ \$ \_\_\_\_\_ Total Amt Enclosed

#### PARENTAL PERMISSION WAIVER

I hereby authorize the staff of Capen Hill Nature Sanctuary to act for me in accordance, with their best judgment in any emergency requiring medical attention. I understand that the director of Capen Hill Nature Sanctuary may, if necessary for my child's health, have him/her hospitalized or use outside medical, surgical or dental care. I hereby waive and release Capen Hill Nature Sanctuary for expenses incurred due to sick illness or accidental injury sustained while participating in camp activities. I also understand that the director and/or camp leaders may dismiss my child from Capen Hill Nature Sanctuary if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please mail this form to: Capen Hill Nature Sanctuary, PO Box 218, (56 Capen Road), Charlton City, MA 01508

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Please cut along this line. Save this section for your own information.

Name of Child: \_\_\_\_\_ Amount/Method of Payment: \_\_\_\_\_

Session(s) child is signed up for: Session 1 July 13-17 Session 2 July 20-24 Session 3 July 27-31 Session 4 August 3-7

#### WHAT TO BRING

**Fledglings** (4-5 years/9 a.m. - 12p.m.) Bring drink and a snack in a labeled bag.

**Explorers** (6-13 years/9 a.m. - 3 p.m.) Bring drink, lunch and a snack in a labeled bag.

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This is a nature camp. Most activities are outdoors though in very rainy weather campers are inside. Please dress child accordingly. Bug spray and sunscreen should be applied at home.