

If you would like your child to be placed with friends or siblings of same approx. age please attach a note with their names. It helps us out with this info. now then to try to place friends together when groups are already designated. Thanks for your cooperation.

Capen Hill Nature Camp Registration Form 2012

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

Additional Forms can be downloaded from 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 9-13

O Session 2
July 16-20

O Session 3
July 23-27

O Session 4
July 30-August 3

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 \$90 / Non-member \$100 # 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: _____ Email: _____

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

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 9-13 Session 2 July 16-20 Session 3 July 23-27 Session 4 July 30-August 3

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.

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.