

Capen Hill Nature Sanctuary (56 Capen Road)

P.O. Box 218
Charlton City, MA 01508
508-248-5516

April Vacation Camp: April 21-April 25 9:00-3:00

Fee: \$100 member \$115 non-member

REGISTRATION FORM
ONLY ONE CHILD ON EACH FORM PLEASE.

Please Print Clearly:

Child's Name _____ Age: _____

Parent or Guardian's Name _____

Home Phone: _____ Work _____ Cell _____
Home Address: _____ Town _____ State _____ Zip _____

Emergency: If we can not be reached please call:

Name _____ Home Phone _____ Work _____ Cell _____

Does your child have any allergies or health concerns we should be aware of? Yes No
If yes please explain: _____

Doctor's Name: _____
Address: _____

Please have child bring a snack and lunch and dress accordingly to weather.

Payment: Ch# _____ Cash _____
MC/VISA # _____ Exp. Date _____ Signature _____

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 sickness 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 _____.