



<b>Child's Name:</b>	<b>Last Grade Completed (as of May 2024):</b>
<b>Please list each summer camp title child is enrolling in:</b>	<b>Camp Fees:</b>

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<b>Please list each summer camp title child is enrolling in:</b>	<b>Camp Fees:</b>

Please list additional camps/children on a separate sheet of paper.

**Parent/Guardian Contact Information**

First Name(s):

Last Name(s):

Relationship with Child (parent, guardian, etc.):

Address:

City:

State:

Zip Code:

Email:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

**Emergency Contact Information**

Name of emergency contact other than parent/guardian:

Relationship to Child:

Emergency Cell Phone Number:

Name of emergency contact other than parent/guardian:

Relationship to Child:

Emergency Cell Phone Number:

**Approved Pick-Up List**

Please list individuals that have permission to pick up your children other than the parent(s)/guardian(s).

**Photo Consent Form**

I hereby consent to and authorize the use and reproduction by Douglas-Hart Foundation, or anyone authorized by Foundation, of photographs taken of me and/or my child/ren participant/s for any purpose without compensation to me. All photographs are owned by the Douglas-Hart Foundation and reserves the right to use these photographs for any of its purposes in print or electronic publications, for marketing, media, or retail.

Signature:

Date:

**Liability Waiver**

I, \_\_\_\_\_, parent/guardian recognize that the activities at Douglas-Hart Nature Center may involve physical and outdoor activity. I grant permission for minor/s to participate in all activities at Douglas-Hart Nature Center. Should any programs occur off-site, such as in a field trip, special permission slips will be required in order for a child to use transportation, such as a van, canoe, or other conveyance, for such activities. In consideration of the Douglas-Hart Nature Center to participate in its activities, I assume all risks and hazards incidental to such participation, including risk of serious injury to the minor/s, and do hereby waive minor's behalf and all claims relating to such participation against the Douglas-Hart Foundation, Board, staff, volunteers and other participants. The Douglas-Hart Nature Center or its representative has my permission, in an emergency where I cannot be located immediately, to transport my child at my expense to the emergency room or the nearest hospital. The hospital staff has permission to provide treatment which is deemed necessary for the well being of my child.

Signature:

Date:

Child 1

First Name:

Last Name:

Nickname (if applicable):

Male  
 Female  Other:

Date of Birth:

If your child has individual needs that will impact their camp experience, please be forthcoming with that information to ensure a positive and successful experience for all. Please select any that apply to your child:

- Food Allergy
- Medication Allergy
- Seasonal Allergy
- Physical Disability
- Developmental Disability
- Prescribed Medication
- 504 Plan or IEP at school

Please elaborate and explain any options selected above to help our staff best provide care for your child.

Child 2

First Name:

Last Name:

Nickname (if applicable):

Male  
 Female  Other:

Date of Birth:

If your child has individual needs that will impact their camp experience, please be forthcoming with that information to ensure a positive and successful experience for all. Please select any that apply to your child:

- Food Allergy
- Medication Allergy
- Seasonal Allergy
- Physical Disability
- Developmental Disability
- Prescribed Medication
- 504 Plan or IEP at school

Please elaborate and explain any options selected above to help our staff best provide care for your child.

Child 3

First Name:

Last Name:

Nickname (if applicable):

Male  
 Female  Other:

Date of Birth:

If your child has individual needs that will impact their camp experience, please be forthcoming with that information to ensure a positive and successful experience for all. Please select any that apply to your child:

- Food Allergy
- Medication Allergy
- Seasonal Allergy
- Physical Disability
- Developmental Disability
- Prescribed Medication
- 504 Plan or IEP at school

Please elaborate and explain any options selected above to help our staff best provide care for your child.

Child 4

First Name:

Last Name:

Nickname (if applicable):

Male  
 Female  Other:

Date of Birth:

If your child has individual needs that will impact their camp experience, please be forthcoming with that information to ensure a positive and successful experience for all. Please select any that apply to your child:

- Food Allergy
- Medication Allergy
- Seasonal Allergy
- Physical Disability
- Developmental Disability
- Prescribed Medication
- 504 Plan or IEP at school

Please elaborate and explain any options selected above to help our staff best provide care for your child.

If you have additional children, please attach another paper or form with the information requested.

Office Use

Entered Into Fundly:

Staff Initials

Date: