



adventure camp
at shelby farms park

2017 Woodland Discovery Adventure Camp Registration Form

Grades: 3-6
Fee: \$200 (nonmember)
\$180 (Park member)

Session I: June 5-9
Session II: June 19-23

Time: 8:30am-2:30pm (aftercare available 2:30-5:30)

Mail: Programs at Shelby Farms Park
 6489 Mullins Station Road
 Memphis, TN 38134

Email: programs@shelbyfarmspark.org

Fax: 901.383.2510

Questions? **Call:** 901.222.7272

| CAMPER INFORMATION | <u>Camper Name:</u> |
|--------------------|---------------------|
|--------------------|---------------------|

| | | |
|---------------------|---------------|--|
| T-Shirt Size: _____ | Height: _____ | Can your child ride a bicycle without training wheels? No <input type="checkbox"/> Yes <input type="checkbox"/> |
|---------------------|---------------|--|

| Age/D.O.B. | Grade (Spring 2017) | School |
|------------|---------------------|--------|
| | | |

| Street | City | State | Zip |
|--------|------|-------|-----|
| | | | |

| Home Phone | Is he/she a vegetarian? | Does he/she have any food allergies? |
|------------|--|---|
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes, explain _____ |

PARENT/GUARDIAN INFORMATION

Parent 1/Guardian Name

| Work Phone | Cell Phone | Email Address |
|------------|------------|---------------|
| | | |

Parent 2/Guardian Name

| Work Phone | Cell Phone | Email Address |
|------------|------------|---------------|
| | | |

| Primary Residence of Camper | <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both Parents |
|-----------------------------|---|
|-----------------------------|---|

Emergency Contact Information (other than parent)

| Name | |
|------|--|
|------|--|

| Relationship | |
|--------------|--|
|--------------|--|

| Phone Numbers (home + cell) | |
|-----------------------------|--|
|-----------------------------|--|

| Physician's Name + Address | |
|----------------------------|--|
|----------------------------|--|

| Physician's Phone Number | |
|--------------------------|--|
|--------------------------|--|

| Authorized Pick-Up List : Name | Phone Number | Relationship |
|---|--|--------------|
| | | |
| | | |
| | | |
| How did you hear about Woodland Discovery Camp at Shelby Farms Park? | <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Facebook/Twitter <input type="checkbox"/> Other _____ | |

Fees and Payment

Camp Fee (8:30am-2:30pm): \$200/session*

*\$180/session for SFPC Family Memberships **OR** second child enrolled

SFPC Family Membership -- **Park Member ID:** _____

2nd child discount* -- **Name:** _____

* Additional children must be from same household.

Please choose: **Session I** June 5-9 **OR** **Session II** June 19-23

Aftercare (2:30pm-5:30pm): \$50/session* (**Please choose:** **YES** or **NO**)

*\$25 for SFPC Family Memberships **OR** second child enrolled

SFPC Family Membership -- **Park Member ID:** _____

2nd child discount* -- **Name:** _____

* Additional children must be from same household.

Total Fee Due: \$ _____

A \$50 deposit holds a space and is due with registration. Deposits are non-refundable. Balance is due by June 2, 2017. We accept MasterCard, Visa, or Discover (we do not accept AmEx). Checks or money orders should be made payable to Shelby Farms Park Conservancy.

Call Me for Credit Card Payment

Check or Money Order Enclosed

Signature: _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

Rules for participants are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that SFPC reserves the right to dismiss a child from Woodland Discovery Camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the program community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the Woodland Discovery Camp. I agree to the following policies regarding program fees: Deposits are non-refundable; No refunds will be given for canceling within 7 days of my child's Woodland Discovery Camp session; No refunds are given if a participant is dismissed from the Woodland Discovery Camp due to disciplinary action; No refunds are given if participants leave early due to homesickness or personal commitments. Payment in full is due by June 2, 2017. Shelby Farms Park Conservancy has my permission to use photographs taken of my child while at Woodland Discovery Camp for promotional purposes.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Parent/Guardian Signature _____

Printed Name _____ Date _____

Woodland Discovery Summer Camp

6489 Mullins Station Road • Memphis, TN 38134 • 901.222.7272

Health & Emergency Data

Please complete both sides of this form and return with your registration form.

It is your responsibility to let us know of any relevant changes in a timely manner.

Participant's Name _____ Birth date _____

Parent/Guardian Name(s) _____

Address _____ City _____ State/Zip _____

Home Phone _____ Work Phone _____

Other Phones _____

2 LOCAL Emergency Contact Numbers

Name _____ Phone _____

Name _____ Phone _____

Anything we should know about your child (behavioral issues, likes/dislikes, special interests, etc.):

Health Records: Are there any medical conditions we need to know about for the participant's safety and well-being here at camp? Yes ____ No ____

If yes, please explain: _____

Allergies _____

Medications required daily _____

Doctor _____ Phone _____

Health insurance name and plan # _____

Hospital preference in emergency _____

I hereby give permission to SFPC to transport the camp participant named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. I hereby authorize the camp RN to provide for and secure treatment of all health issues that arise at camp for camp participant named above. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the camp participant named above. I understand that SFPC does not provide accident/medical insurance for the camp participant named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. I authorize SFPC to use any of my credit cards on file to pay for medical bills and/or prescription drugs.

Parent/Guardian Signature _____

Printed Name _____ Date _____

VACCINATION RECORD

Enrollment is contingent upon a COMPLETE health form. Please give us a COMPLETE record of the participant's immunization history in ONE of the following ways:

1. Attach a copy of participant's immunization record, OR

2. Fill in EVERY SINGLE blank next to the names of the following vaccines. *Every blank must be filled!* Next to each vaccine received, write the DATE received. If the participant has not received ONE OR MORE of the vaccines, you need to write "R/M" in those blanks, AND you need to write the following statement on the line provided immediately below: "Have not immunized for religious or medical reasons."

Statement line: _____

_____ Diphtheria containing toxoid

_____ Poliovirus vaccine

_____ Hepatitis B

_____ Hepatitis B vaccine

_____ Measles vaccine (first administered after 12 months of age and second administered after 15 months of age)

_____ Mumps vaccine administered after 12 months of age

_____ Rubella vaccine administered after 12 months of age

_____ Varicella vaccine (for children born on or after January 1, 1998)

_____ Haemophilus influenza type B

I have read the entire Vaccination Record section and I have (check one):

included a copy of the vaccination record, OR

filled in every blank next to the vaccine names above.

Informed Consent, Release, Indemnification, and Hold Harmless Agreement

Participants/instructors 18 and over, read and sign first section only. Parents of minors participating, please read and sign both sections.

I understand that outdoor activities entail known and unanticipated risks and that participation in Nature/Adventure Camp at Shelby Farms Park involves a certain degree of risk that could result in injury, paralysis, death, or damage to myself, my child, or to property. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that precautions will be taken to ensure the safety and well-being of all participants to the best ability of trained staff members, I agree and promise to accept and assume all of the risks existing in this activity. My or my child's participation in Nature/Adventure Camp is purely voluntary, and I elect to participate in spite of the risks.

I hereby release and waive any and all claims that I may have against Shelby Farms Park Conservancy (SFPC) and their employees, agents, representatives, or volunteers, arising from participation in Fall Break Camp. I agree to fully indemnify and hold harmless SFPC and their employees, agents, representatives, and volunteers from any and all claims arising from my or my child's participation in SFPC programs. This indemnification expressly includes any claims arising out of SFPC's own negligence or fault or that of their employees, agents, representatives, or volunteers. I agree that the indemnification includes the amount of the claims, the expense of defending against the claims, court costs, and attorney fees.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Staff Signature _____ Print Name _____ Date _____

Parent/Guardian Signature _____ Print Name _____ Date _____

PARENT'S or GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ ("Minor") being permitted to participate in its activities and to use its equipment and facilities, I agree to further indemnify and hold harmless SFPC from any and all claims, as stated above, which are brought by or on behalf of Minor, and which are in any way connected with such use or participation by minor.

Parent/Guardian Signature _____ Date _____

Print Name _____ For office use only: Date received _____