

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 Science and Nature Camp Registration Form 2022

(Please submit one form for each child. Please print.) **SAVE TIME, REGISTER ONLINE AT CAPENHILL.ORG! A**

#### Camper Information: PLEASE PRINT CLEARLY

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

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

Session 1  
July 11-15

Session 2  
July 18-22

Session 3  
July 25-29

Session 4  
August 1-5

Parent 1: \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Parent 2: \_\_\_\_\_ 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: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medical History:** Attach a copy of your child's immunization record. Form may also be mailed or faxed to us directly from Physician's Office or mailed to us before child starts camp.

**Important:** To help us understand your child's individual needs, please write here any medical information that we should be aware of such as peanut or bee sting allergies, nosebleeds, headaches, etc.

Does child need medication while attending camp? \_\_\_\_\_ If yes, a form will be sent to you to fill out.

Does child have an inhaler or epipen? \_\_\_\_\_ If yes a form will be sent to you to fill out.

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

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

#### Camp Fee (fee is per one week session)

Explorer (5-13 ) \$200.00

# of sessions \_\_\_\_\_

\$ \_\_\_\_\_ Camp Fee

**Camp T-shirt:** \$15 each

Child: S (6-8) \_\_ M (10-12) \_\_ L (14-16) \_\_

Adult: S \_\_ M \_\_ L \_\_ XL \_\_

#Shirts \_\_\_\_\_

Shirt Cost \_\_\_\_\_

#Visors Cost \_\_\_\_\_

**Camp Visor** \$12 each

One size fits all.

Total Cost

\$ \_\_\_\_\_

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

Check # \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

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