

2017 Morris Arboretum Camp Registration

Child's Name: _____ Date of Birth: _____

Age (at start of camp date): _____ Grade (Sept. 2017): _____

School: _____ T-Shirt Size (Circle): Small Medium Large

Please CIRCLE or CHECK more registered week(s):

Little Lightning Bugs (ages 4 to 5) Dates

Backyard Bug Adventure	June 26 th -30 th
Silly Science Fun	July 3 rd -7 th
Paint, Sculpt, Play	July 10 th -14 th
Animal "Tales"	July 17 th -21 st
An Ology A Day	July 24 th -28 th
Camp Nature Play	July 31 st -4 th

Please CIRCLE or check one or more registered week(s):

Bloomfield Buddies (ages 6 to 10) Dates

Scientific Time Travelers	June 26 th -30 th
Grossology Grandeur	July 3 rd -7 th
Where the Wild Things Are	July 10 th -14 th
Archaeology at the Arboretum	July 17 th -21 st
Art & Nature Poetry Jam	July 24 th - 28 th
Nature Ninja Warriors	July 31 st -4 th

****Is nature camp right for your child?****

We are an outdoor nature camp. We spend the majority of our time outside in nature—not in air conditioning. Our campers hike and navigate through uneven terrains throughout the Arboretum grounds. Safety is our number one priority, however, injuries can occur at any time. Children encounter bees, biting insects, slippery and rocky terrains, and tree roots, which all can pose as hazards. Together as a group, we enjoy fun-physical activities outside in the garden under careful supervision of the Arboretum education staff, who are trained to classroom teachers. Along with the guidance of educators, our campers must listen carefully to directions, stay with the group at all times, take accountability for their own safety, and adhere to camp rules. Please see Parent Handbook for more information about our camp and rules.

Name of Parent/Guardian(s): _____

Cell Phone: _____ Alternate Phone: _____

Address: _____

City/State/Zip: _____

Email (s): _____

Pick Up & Drop Off

I, _____ (Parent/Guardian), only authorize (List two):

1. Name: _____ Phone _____

2. Name: _____ Phone _____

Emergency Contact Information

In the event of an emergency, the parent/guardian(s) listed on the Registration Form will be notified first. Please list additional emergency contacts below in case we cannot reach you.

1. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

3. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____



*****A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED*****

Insurance Information: Is your child covered by a health insurance plan? Y _____ N _____

Name of subscriber: _____

Relationship to Child: _____

Name of insurance provider: _____

Policy #: _____

VI. Medical Information

Does the child have any allergies, medical conditions, or special needs? Y _____ N _____

Please Specify: _____

Can your child participate in hiking trips in the Arboretum on rocky terrain? Y _____ N _____

Does your child require a wrap-around or special assistance in school? Y _____ N _____

Please Explain:

Is your child currently taking any prescription medication? Y _____ N _____

Please specify: _____

Child's Physician: _____ Phone: _____

Authorization for Medical Treatment of a Minor

I, _____ (Parent/Guardian), hereby authorize representatives of Summer Adventure Camp and the Morris Arboretum of the University of Pennsylvania to seek emergency treatment for _____ (Child's name), including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as the child is participating in Summer Adventure Camp.

Exceptions: (if none, write "none")



I, _____ (Parent/Guardian), consent to the administration of the following to _____ (Child's name) when necessary:

(Please circle) sunscreen insect repellent Tylenol Benadryl

Signature: _____

Date: _____

Print Name: _____

Permission to Photograph (Optional)

I, _____ (Parent/Guardian), give my permission for my child to be photographed while participating in Summer Adventure Camp and understand that the images may be used in Morris Arboretum publications.

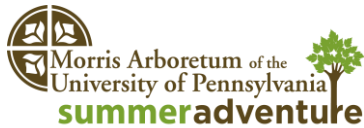
Signature: _____

Date: _____

Print Name: _____

Are you a member of the Morris Arboretum? Yes No

Please tell us anything that we should know about your child:



Parent Permission and Release from Liability

My child, _____, is participating in one or more of the Summer Adventure Camp sessions being held at the Morris Arboretum of the University of Pennsylvania. I hereby grant permission for my child to participate in this camp and all camp activities. In consideration for my child's participation, the sufficiency of which I hereby acknowledge, I agree as follows:

1. I have carefully read and understand the Parent's Guide to Summer Adventure Camp (available at www.morrisarboretum.org), which includes important information regarding pick-up and drop-off policies, behavioral expectations of campers, and registration and cancellation policies, and I agree that my child and I will follow camp policies.
2. I acknowledge that the activities in which my child will participate may expose my child to significant risks, including the risk of serious bodily injury or death. I understand that the description of these risks is not complete and that known or unanticipated risks may result in injury, illness or economic loss. I agree to assume full responsibility for all risks associated with my child's participation in the Summer Adventure Camp and I agree to hold harmless, release and forever discharge the Trustees of the University of Pennsylvania (including the Morris Arboretum) and its trustees, officers, employees and agents from any and all claims, demands and causes of action of whatever kind that I and/or my child may have, including, but not limited to, those related to illness, bodily injury, death, loss of personal property or other economic losses arising from or connected with my child's participation in the Summer Adventure Camp. I also agree that the University of Pennsylvania shall not have any responsibility for the negligence or misconduct of me or my child.
3. By signing below, I certify that I am the parent or legal guardian of the child named above and that I have carefully read and understand this Parent Permission and Release from Liability and am signing it voluntarily with the intent to legally bind me and my child.

Signature: _____

Date: _____

Print Name: _____

Date: _____

Please fax or email this packet with a copy of the front and back of your insurance card to: Tiffany Stahl; tifstahl@upenn.edu ; Fax: 215-247-2192