

## 2023 Morris Arboretum Summer Camp Registration Form

### How to Register:

1. Online registration and payment opens 1/23/23 through the Morris Arboretum website.
2. Save your confirmation email for tax purposes.
3. Fill out this form - Please use a separate form for each participant.
4. Email this packet to [IGRUBIN@upenn.edu](mailto:IGRUBIN@upenn.edu) by JUNE 1, 2023.

### I. PARTICIPANT INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Morris Arboretum Members: Y \_\_\_ N \_\_\_

How did you hear about our summer camp? \_\_\_\_\_

#### **Please CHECK OFF one or more registered week(s):**

##### **Little Lightning Bugs (ages 4 to 5)**

- Bugs Galore
- Roots and Shoots
- Tiny Trekkers
- An Animal a Day
- Fairy Tale Adventure
- When I Grow Up...

##### **Dates**

July 3<sup>th</sup> – July 7<sup>th</sup>  
 July 10<sup>th</sup> – July 14<sup>th</sup>  
 July 17<sup>th</sup> – July 21<sup>th</sup>  
 July 24<sup>th</sup> – July 28<sup>th</sup>  
 July 31<sup>st</sup> – Aug. 4<sup>th</sup>  
 Aug. 7<sup>th</sup> – Aug. 11<sup>th</sup>

#### **Please CHECK OFF one or more registered week(s):**

##### **Bloomfield Buddies (ages 6 to 11)**

- Amazing Arthropods
- Enchanted by Plants
- Wild Survivors
- Nature Builders
- Magic and Mayhem
- It's All a Cycle

##### **Dates**

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 Aug. 7<sup>th</sup> – Aug. 11<sup>th</sup>

## II. PARENT, GUARDIAN AND EMERGENCY CONTACT INFORMATION

Contact 1		Check all that apply:		
First & Last name	Relationship	Caregiver <input type="checkbox"/>	Emergency contact <input type="checkbox"/>	Authorized for pick-up <input type="checkbox"/>
Email address	phone			

Contact 2		Check all that apply:		
First & Last name	Relationship	Caregiver <input type="checkbox"/>	Emergency contact <input type="checkbox"/>	Authorized for pick-up <input type="checkbox"/>
Email address	phone			

Contact 3		Check all that apply:		
First & Last name	Relationship	Caregiver <input type="checkbox"/>	Emergency contact <input type="checkbox"/>	Authorized for pick-up <input type="checkbox"/>
Email address	phone			

Contact 4		Check all that apply:		
First & Last name	Relationship	Caregiver <input type="checkbox"/>	Emergency contact <input type="checkbox"/>	Authorized for pick-up <input type="checkbox"/>
Email address	phone			

### Is a nature camp right for your child?

It is our hope to inspire a love of the outdoors in all participants. We spend the majority of our day outside in nature—not in air conditioning. Our campers hike and navigate uneven terrains throughout the Arboretum. Safety is our number one priority; however, injuries can still occur. Children encounter bees, biting insects, slippery terrain, and tree roots, which all can pose a hazard. Together, we enjoy fun, physical activities under careful supervision of Arboretum education staff. With the guidance of educators, campers must listen to directions, stay with the group, adhere to camp rules, and take accountability for their own safety. Please see *Parent Handbook* for more information about our camp and rules.

**We are meeting many of our campers for the first time. Please tell us anything that we should know about your child, especially if it will help us to keep everyone at camp safe and happy.**

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**III. INSURANCE INFORMATION** \*Your child **MUST** be covered by a health insurance plan.

Name of subscriber: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name of insurance provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

**\*\*\*ATTACH A COPY OF FRONT & BACK of INSURANCE CARD W/REGISTRATION FORMS**

**IV. MEDICAL INFORMATION**

1. Can your child participate in hiking trips in the Arboretum on rocky terrain? Y \_\_\_ N \_\_\_

2. Does the child have any allergies, medical conditions, or special needs? Y \_\_\_ N \_\_\_

*If yes, please specify:* \_\_\_\_\_

3. Is your child currently taking any prescription medication? Y \_\_\_ N \_\_\_

*If yes, please specify:* \_\_\_\_\_

4. Does your child require a wrap-around or special assistance in school? Y \_\_\_ N \_\_\_

*Please Explain:* \_\_\_\_\_

\*Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**V. 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 check)**     sunscreen     insect repellent     Tylenol     Benadryl

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Parent Permission and Release from Liability

My child \_\_\_\_\_, is participating in the Summer Adventure Camp being held at the Morris Arboretum of the University of Pennsylvania from July 5 through August 12, 2023. 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](http://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, whether or not owing to the negligence of the University and/or its employees and/or other persons. 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: \_\_\_\_\_

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Please return this packet with a copy of the **front and back of your insurance card** to:

Email: Ilana Grubin - [igrubin@upenn.edu](mailto:igrubin@upenn.edu)

Mail: Morris Arboretum  
Attn: Education Summer Camp  
100 E. Northwestern Avenue  
Philadelphia, PA 19118



Business Services  
Setting the Standard

Optional for all campers

**RELEASE & AUTHORIZATION FOR USE OF PHOTOGRAPHS, VIDEO & AUDIO RECORDINGS**

I authorize The Trustees of the University of Pennsylvania, ("Penn"), and those acting on its behalf, including its agents and assigns, to capture photographs, videos, and/or audio recordings of me ("Image(s)").

I understand and, intending to be legally bound, agree that any such Images belong to Penn in perpetuity and may be used for any purpose worldwide, in any media format, and that Penn may use my name to credit my role as the subject of the Images, if Penn so desires. I hereby irrevocably assign to Penn any and all rights I may have in the Images, including the copyrights. I acknowledge that Penn's rights include, without limitation, the rights to use, publish, reproduce, modify, publicly display, publicly perform, distribute, and create derivative works of the Images.

I waive the right to inspect or approve the finished products, materials, and media, which may be used in connection with the Images.

I acknowledge and agree that I will not receive any royalty, fee, or other type of compensation for the use and/or uses of the Images.

I irrevocably release and discharge Penn, its agents and assigns, from any and all claims, actions and demands arising out of or in connection with the use of said Images, and my name, including without limitation, any and all claims for copyright infringement, invasion of privacy and libel.

This release shall inure to the benefit of the assigns, licensees and legal representatives of Penn and I irrevocably waive any moral rights I may have in connection with Penn's use of any of these Images. This agreement and release shall be binding on me, my heirs, executors, and assigns.

**If the subject of the photograph, video, audio recording is 18 or Older, complete the requested information and sign below:**

**If the subject of the photograph, video, audio recording is Under 18, a Parent or Guardian must complete the requested information and sign below:**

I represent that I, as Parent/Guardian of the minor child, do consent to the terms of this release as provided above.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Subject Name \_\_\_\_\_

Minor Child Name \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_