



2024 Morris Arboretum Summer Camp Registration Form

How to Register:

1. Pay online 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 by JUNE 1, 2024.

I. PARTICIPANT INFORMATION

Child's Name: _____

Date of Birth: _____ Age summer 2024: _____ Grade fall 2024: _____

School: _____

Residential Address: _____

City _____ State _____ Zip code _____

Morris Arboretum Members: Y ___ N ___

Is this a returning camper? What years did they attend? _____

Please list names of any other campers who this child should or should not be grouped with?

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

Little Lightning Bugs (ages 4 to 5)

- Discover Dinosaurs
- Wild Survival
- Forest Adventures
- Feathers & Fossils
- Discover Dinosaurs (*repeat*)
- The Earth Goes Around

Dates

- July 1st – July 5th
- July 8th – July 12th
- July 15th – July 19th
- July 22nd – July 26th
- July 29th – Aug. 2nd
- Aug. 5th – Aug. 9th

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

Bloomfield Buddies (ages 6 to 10)

- Dinosaur Invasion
- Adventure Seekers
- Prehistoric Plants
- Birds: The living dinosaurs
- Dinosaur Invasion
- Prehistoric to Present

Dates

- July 1st – July 5th
- July 8th – July 12th
- July 15th – July 19th
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- July 29th – Aug. 2nd
- Aug. 5th – Aug. 9th

II. PARENT, GUARDIAN AND EMERGENCY CONTACT INFORMATION

Contact 1

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

Contact 2

| | | | | |
|-------------------|--------------|---------------------------------------|---|--|
| 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

| | | | | |
|-------------------|--------------|---------------------------------------|---|--|
| 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

| | | | | |
|-------------------|--------------|---------------------------------------|---|--|
| 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.



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), 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: _____

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

Email: Ilana Grubin - igrubin@upenn.edu

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



Business Services
Setting the Standard

OPTIONAL

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:

Date: _____
Subject Name _____
Address _____

Email _____
Phone _____
Signature _____

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: _____
Minor Child Name _____
Parent or Guardian Name _____
Address _____

Parent/Guardian Email _____
Parent/Guardian Phone _____
Parent/Guardian Signature _____