

Camper Information/Emergency Form

# This Land is Your Land

## Summer Day Camp 2010

Camper Name(s): \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Girl/Boy: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Emergency Contacts (relative, friend or neighbor authorized to pick up child if parent cannot be reached):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: Plan \_\_\_\_\_ ID# \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate any information we should know about your child (such as medical problems; medication being taken; allergies to foods, bee sting, poison oak, etc.; extreme fears):

- I/we authorize Sarah Shaffer and her Staff to obtain emergency medical care for my/our child. Any expenses incurred in obtaining such medical care will be paid by me/us.
- I/we give permission for my/our child to participate in all camp activities, including hiking.
- I/we understand that no credit is given for partial attendance. No portion of the tuition will be refunded if the student is absent, withdrawn, suspended, or should otherwise fail to complete the session.
- I/we give permission for my/our child to be transported out of camp in case of emergency.
- I/we give **Sarah's Science** the absolute rights and permission to publish and/or copyright photographs taken of my child. These photographs may be used for the following purposes: website, marketing materials, books and other publications of **Sarah's Science**. Photos may be used without compensation to me or my child, and I hereby waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith, or the use to which it may be applied.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_