

EcoTarium Summer Discovery Camp 2018 Camper Info & Permission Form



This form is required of all participants in the EcoTarium Summer Discovery Camp. Please fill out this form clearly and in its entirety. In addition to this **two** page form, **a health form with both a physician's and parent's signature is required.**

Name of Camper _____ Date of Birth _____ Age _____
 Returning camper? **Yes** **No** (As of July 1, 2018)

Session(s) attending (please check):

- Animal Treats and Training** July 2 - 6
- Wild about Nature** July 9 - 13
- Outdoor Adventures** July 16 - 20
- Spies and Mysteries** July 23 - 27
- Solve It with STEM** July 30 - August 3
- Creature Features** August 6 - 10

Parent/Guardian 1

First & Last Name _____
 Primary Phone _____ (H/W/C)
 Secondary Phone _____ (H/W/C)
 Email: _____

Parent/Guardian 2

First & Last Name _____
 Primary Phone _____ (H/W/C)
 Secondary Phone _____ (H/W/C)
 Email: _____

**For phone numbers above, please specify H:home, W:work, or C:Cell*

DAYTIME EMERGENCY CONTACT: primary person able to be reached during the camp day
(Please complete this section, even if the emergency contact is also a parent/guardian listed above)

Emergency Contact _____ Relationship _____
 Emergency Phone _____ Address _____

AUTHORIZATION RELEASE for DROP-OFF/PICK-UP

The people listed or checked below are authorized to drop-off/pick-up my child during camp session(s).
Check appropriate box(es) for parent/guardian authorization and then list anyone else authorized.

- Parent/guardian 1**
- Parent/guardian 2**

First & Last Name	Primary Phone Number	Secondary Phone Number
_____	_____ (H/W/C)	_____ (H/W/C)
_____	_____ (H/W/C)	_____ (H/W/C)
_____	_____ (H/W/C)	_____ (H/W/C)

TRANSPORTATION / FIELD TRIP PERMISSION (may apply to all camp groups including Tadpoles)

I give my child permission to participate in off-site activities during the camp session. Depending on camp theme and age group, campers may travel on foot to Greater Worcester Land Trust's Crow Hill field and nature trails across from the EcoTarium. Additionally, Outdoor Adventures campers will travel by bus provided by the EcoTarium for regional field trips on one to two days of the camp session.

- Yes**
- No**

Sign & return by May 25, 2018 * Mail: EcoTarium, Attn: Geoff McCann, Camp Director,
 222 Harrington Way, Worcester, MA 01604 * Fax: 508.929.2701 * Email: campdirector@ecotarium.org

PHOTOGRAPHY RELEASE

I give full and complete permission to the EcoTarium to use, free of charge, photographs and video of my child, taken during summer camp, for pizza party slide show, for any advertising and promotional purposes they are currently producing or may produce in the future. **Please note: by checking "No", your camper will not be featured in the Family Pizza Night party slideshow.**

- Yes** **No**

FAMILY PIZZA NIGHT

_____ **Yes**, our family plans to attend the Camp Family Pizza Party held on Friday evening from (5pm-7pm).

Total number of people from family attending, including camper(s): _____

_____ **No**, our family does not plan to attend the Camp Family Pizza Party.

GROUP/FRIEND REQUEST

If there is another camper attending the same week(s) as your camper, and you would like them to be placed in the same group, please list the other camper's name below. We will do our best to accommodate your request, if possible. Please note that campers can only be placed in the same group if they fall into the same camper age group (5&6, 7&8, 9&10, 11&12 and 13&14).

CAMP BEHAVIOR MANAGEMENT POLICY & LATE PICK-UP POLICY

A copy of the EcoTarium Summer Discovery Camp Behavior Management Policy and Late-Pick-Up Policy were included in the Camp Welcome Packet sent out to all registering parent(s)/guardian(s). Additional copies of these policies can be found online at www.ecotarium.org/summercamp.

Please check the boxes below and then sign to acknowledge understanding of and adherence to Summer Discovery Camp policies.

- I acknowledge that I have read and understand the EcoTarium Summer Discovery Camp Behavior Management Policy. I agree to share and review this policy with my camper so that s/he can abide by the camp-wide code of conduct and best enjoy camp alongside other campers.

- I acknowledge that I have read and understand the EcoTarium Summer Discovery Camp Late Pick-Up Policy. I understand that it is my responsibility as parent/guardian to share this information with the authorized release contacts listed on page 1 of this form. In accordance with the policy, I agree to pay any late fees that apply immediately.

Parent/ Guardian Signature _____

Date _____

If you have questions or are unable to complete all or part of this form, please contact the Camp Director at campdirector@ecotarium.org or 508.929.2755.

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