

Friends of the Environment Summer Camp 2018

Conservation Camp (ages 10-12)

July 2nd-July 6th 9am – 3pm daily

Please return completed form before 18th June 2018. Registration is first come, first served. Camp cost is \$50 a week

| | |
|--|---|
| Name of child: | |
| Date of Birth: | Age: |
| Mother's name: Mothers Contact Work #: Cell #: Email: | Father's name: Father's contact Work #: Cell #: Email: |
| Emergency Contact: | |
| Does your child have any allergies? If yes, please explain: | Is your child currently taking medication? If yes, please explain: |
| Does your child have any medical conditions that we should be aware of? If yes, please specify. | |

| | | | |
|---|---------------------|---------------------|-----------------|
| Name of your family doctor: | | | |
| Does your child have up to date medical insurance? Insurance company: Policy number: Policy holder's name: | | | |
| Has your child attended FRIENDS Summer Camp before?: Can your child swim? YES/ NO <table style="width: 100%;"><tr><td style="width: 33%;">Beginner</td><td style="width: 33%;">Intermediate</td><td style="width: 33%;">Advanced</td></tr></table> | Beginner | Intermediate | Advanced |
| Beginner | Intermediate | Advanced | |
| I _____, have agreed to allow my child, _____ to attend FRIENDS Environmental camp and to participate in all camp activities including water activities and offsite field trips. I agree that I will not hold any Friends of the Environment staff or any camp staff liable for any accident or injury that may occur during this time. | | | |
| Signature of parent/guardian _____/Date _____ | | | |

FRIENDS USE ONLY

Paid

Payment Type

DOR: