



BLUE HOLE NATURE CAMPS REGISTRATION FORM 2016

Registration Begins **April 1** and closes **June 1**. Space is limited. \$25 deposit per session required to register. Please return forms and payment to: City of Wimberley, P.O. Box 2027, Wimberley, TX 78676 OR in person at the Blue Hole Regional Park Office, 100 Blue Hole Ln, OR lshrum@cityofwimberley.com.

Camper Information – Only one camper per form. Please print clearly in ink or type.

Last Name: _____ First: _____ M.I. _____ Gender: _____

Date of Birth: ____ - ____ - ____ Grade (2016-2017 school year): _____ T-Shirt Size: YS YM YL YXL

Parent/Guardian Information – Used for all correspondence, billing, and emergency contact

Last, First, M.I. _____ E-mail: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Last, First, M.I. _____ E-mail: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Day Camp Sessions – Choose sessions. Write in fees below.

- June 13 – 17 Birds, Bats, Bees Bonanza! \$125.00
- June 20 – 24 Outdoor Adventures \$125.00
- June 27 – July 1 Wet, Wild, and Wacky \$125.00
- July 11 – 15 Amazing Animal Adaptations \$125.00
- July 18 – 22 Camping is COOL \$125.00
- July 25 – 29 Recycling Rocks! \$125.00

Payment Information

- Enclosed Check Payable to *City of Wimberley*
- Visa Mastercard Discover
- Card #: _____ - _____ - _____ - _____
- Expiration Date: ____ / ____ CVS: _____
- Name on Card: _____

TOTAL DEPOSIT DUE: \$ _____ **PAY IN FULL:** \$ _____

Signature: X _____

Cancellation Policy – Cancellations must be received in writing. The Cancellation policy is based on when we receive written notification. More than 30 days before the first day of camp – Full refund except non-refundable deposit; 7 – 30 days before the first day of camp – All but \$50 of payments received will be refunded; Less than 7 days before the first day of camp – No refund. Medical cancellations - A full refund (minus a \$25 processing fee) will be given when doctor's verification is presented prior to the start of camp. Full payment due one week before start of each camp.

Consent and Release – I hereby give my consent to have the above-named Camper fully participate in all camp activities and outings conducted on and off city property recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. The City of Wimberley has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither the City of Wimberley nor its employees may be held liable in any way for any injury, harm, damage or death which may occur to the above Camper as a result in participation in these activities and hereby release, save and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary for the Camper should he/she require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for the medical, dental or hospital care or treatment that is given to the Camper. I agree to allow the City of Wimberley to transport Camper as needed and to use a photocopy of this form as my authorization when necessary. The City of Wimberley may use the Camper's photo, films, digital images, videotapes, and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.

Signature of Parent/Guardian: _____

Printed Name: _____ **Date:** _____

CAMPER HEALTH INFORMATION

Medication

Individuals enrolled in a Day Camp may self-administer a prescription, including emergency medical devices, and over the counter medications during day camp hours. Individuals MUST be able to name and recognize their medication, and know the proper dosage and how to administer. All medications must be in the original pharmaceutical container, including asthma inhalers. Program staff will verify in writing the amount of medications they have accepted for an individual and record in log book when a prescription has been administered.

Name of Camper: _____ Age: _____

Name of Medication (includes emergency medical devices): _____

Reason for medication: _____ Medication Dose: _____

Directions for medication: _____

Possible side effects of medication: _____

MEDICATION TAKEN AT HOME: Parent Signature: _____ Date: _____

MEDICATION TAKEN DURING PROGRAM HOURS

A **PHYSICIAN** must complete and sign this section if individual is taking medication, including emergency medical devices DURING CAMP HOURS

Physician Signature: _____ Physician Name (printed): _____

Physician Address: _____

Physician Phone Number: _____

Physician Stamp

Waiver to Carry Emergency Medical Device

All emergency medical devices (i.e. inhalers and EpiPens) must be carried on the individual's person at all times while attending day camp. This section must be completed by a parent. Due to the potential necessity for immediate medication distribution imposed by my child's life-threatening condition, I _____ hereby request that _____ be allowed to keep the appropriate prescribed device on his/her person while participating in all day camp activities.

The prescribed device is a: EpiPen Asthma Inhaler Other: _____

Allergy/Other Information

Does the individual have any allergies staff should be aware of?

None Food Medication Environmental (pollen, poison ivy, etc.)

Describe Allergy: _____ Reaction Level: Mild Moderate Severe

Required Treatment: _____

Are there any health concerns staff should be aware of?

No Yes Please Explain: _____

Are there any physical, psychiatric, behavioral, emotional, or developmental concerns staff should be aware of?

No Yes Please Explain: _____

Release Authorization

I hereby represent and warrant that the information pertaining to the individual listed above is correct. I am authorized to provide the waiver, medical information, and release authorization contained herein and agree to the City of Wimberley policies as stated above. I agree to release the City of Wimberley and its agents from any and all liability arising as a result of this waiver.

Printed Name (Parent/Guardian)

Signature (Parent/Guardian)