International Wildlife Museum
Wild Summer Fun 2012

All prices are per child per session. Please register my child for the following (check appropriate boxes):

Animal Adventures (ages 5-8) 8am - 4pm	Summer Safari (ages 9-12) 8am - 4pm
☐ Session I: June 11-15 ☐ Session II: June 25-29 ☐ Session III: July 16-20	☐ Session I: June 4-8 ☐ Session II: June 18-22 ☐ Session III: July 9-13 ☐ Session IV: July 23-27
☐ Member ($144) ☐ 2nd child ($111) ☐ Non-member ($180) ☐ 2nd child ($144)	☐ Member ($144) ☐ 2nd child ($111) ☐ Non-member ($180) ☐ 2nd child ($144)

Child's Name: _____ Nickname: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ ☐ Boy ☐ Girl

Age as of June 1, 2011: _____ Birthdate: _____ Grade completed by opening of session: _____

Parents' or Guardians' full names: _____

Daytime phone numbers: _____

For emergencies, if the Program Coordinators are unable to reach the family, call:

Name: _____

Relationship to child: _____ Daytime phone number: _____

If you are unable to pick up your child, please list all those authorized for pick up.

_____

Please note: The Museum will only release your child to the above named individuals, unless written notice is given and signed by the parent or guardian. All children must be picked up *promptly* each day at the end of camp. We reserve the right to charge a $20 fee/hour if you are late!

To register: Send a completed registration form, completed medical form, and payment for the full amount (per child) to the International Wildlife Museum. In the event you need to cancel, please notify the Museum in writing at least two weeks prior to the program. Your camp fees, minus $25/child, will be refunded. The Museum reserves the right to cancel a WSF session if less than five campers register. Photographs taken of participants while at the International Wildlife Museum may be used for publicity purposes.

I agree to the terms of enrollment and give permission for my child to participate in all program activities. Enclosed is my payment for the full amount. Checks can be made payable to the **International Wildlife Museum.**

Guardian's Signature: _____ Date: _____

Form of Payment (please circle): Cash Check #_____

MC VI AE #_____ exp _____

CONSERVATION EDUCATION PRESERVATION
International Wildlife Museum

(Please complete both sides of this form.)

SCI FOUNDATION

International Wildlife Museum
Personal Health History and Emergency Form

Please fill this form out completely. This form will be used to inform our staff of any relevant medical considerations they need to be aware of during your child's program at the International Wildlife Museum.

Emergency Medical Information: (check all items that apply.)
Has your child had or is he/she subject to:

ADD/ADHD ..... YES.....NO
Asthma ..... YES.....NO
Allergies (medicine, food, plant, animal, or insect toxin)..... YES.....NO
Convulsions/Seizures ..... YES.....NO
Diabetes..... YES.....NO
Heart Problems..... YES.....NO
Hemophilia..... YES.....NO

Please explain any "YES" answers _____

_____

List any conditions which may require special diet, care or medication _____

_____

Medical History:
Date of most recent complete physical examination: (month/year)
Has there been any surgery, injury, illness, allergy, or change in health status since last exam? ..... YES ....NO

If "YES," please explain _____

_____

List any medications your child is currently taking (include inhalers and epi-pens): _____

_____

As the parent/guardian, in the event of an emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission for the International Wildlife Museum to secure proper medical treatment. I request hospital personnel and/or a licensed physician to perform emergency treatment (including hospitalization, anesthesia, surgery, or injections of medication) for my child without delay as judgement of medical personnel dictates. I also understand that medical expenses resulting from doctor or hospital visits are my responsibility.

Signature: _____ Date:_____

How did you hear about us?

- ☐ TV Commercial
- ☐ Email
- ☐ Member Newsletter
- ☐ Website _____
- ☐ Friend/Relative
- ☐ Newspaper _____
- ☐ Flyer in Mail
- ☐ Other _____

Send to: Wild Summer Fun • International Wildlife Museum
4800 West Gates Pass Rd. • Tucson, AZ 85745

(Please complete both sides of this form.)