International Wildlife Museum

Reindeer Rendezvous 2012

Application Form

Please register my child for the following (check appropriate boxes):

January 2nd - 4th 8am to 4pm Ages 5 to 10

Come for one day or all three!

☐ Daily Member ($22) ☐ 2nd child ($20) ☐ Discount member rate for all 3 days: $60 ☐ January 2nd

☐ Daily Non-member ($28) ☐ 2nd child ($26) ☐ Discount non-member rate for all 3 days: $78 ☐ January 3rd ☐ January 4th

Child's Name: _____ Nickname: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ ☐ Boy ☐ Girl

Age as of December 1, 2012: _____ Birthdate: _____ Grade: _____

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 for each 15 minutes that 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 day if less than five campers register per day. 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
- ☐ Member Newsletter
- ☐ Friend/Relative
- ☐ Flyer
- ☐ Previous attender
- ☐ Newspaper _____
- ☐ Website _____
- ☐ Other _____

Send to: Reindeer Rendezvous International Wildlife Museum
4800 West Gates Pass Rd. • Tucson, AZ 85745

(Please complete both sides of this form.)