



International Wildlife Museum

February 21-22, 8:30am-4pm each day
Ages 9-13 Years

- \$40 (Museum Member)
- \$50 (Non-member Rate)

Please use a separate form for each student.

Student's Name: _____ Nickname: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Email: _____

Age as of February 1, 2019: _____ Birthdate: _____ Boy Girl

Parents'/Guardians' full names: _____

Daytime phone numbers: _____

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

Name: _____

Relationship to student: _____ Daytime phone number: _____

If you are unable to pick up your child, please list all those authorized for pick up. *(Picture ID will be required.)*

Please note: The Museum will only release the student to the above named individuals, unless written notice is given and signed by the parent or guardian. All students must be picked up *promptly* each day at the end of camp. We reserve the right to charge a \$25 fee each 15 minutes you are late.

To register: Send a completed registration form, completed medical form, and payment for the full amount (per student) to the International Wildlife Museum. In the event you need to cancel, please notify the Museum at least two weeks prior to the program. Your camp fees will be refunded.

Photographs taken of participants while at the International Wildlife Museum may be used for publicity purposes, such as printed materials, the Museum's and SCIF's website and social media sites to further the aims of the Museum and SCIF.

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 _____

(Please complete both sides of this form.)

Personal Health History and Emergency Form

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

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? YESNO

If "YES," please explain: _____

Additional medical conditions we should be aware of (asthma, allergies, seizures, etc.): _____

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

Will medications be taken during program hours?YESNO *If yes, please speak to staff.*

Identify behavior concerns, if any, and how to deal with them: _____

Any other information that would be helpful to staff: _____

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 employees of the International Wildlife Museum/SCIF 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.

The undersigned releases and holds harmless the International Wildlife Museum, Safari Club International Foundation and any officers, employees or agents thereof, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.

Signature: _____ Date: _____

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Boy Scout News | <input type="checkbox"/> Email from IWM |
| <input type="checkbox"/> Member Newsletter | <input type="checkbox"/> Website _____ |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Flyer in Mail | <input type="checkbox"/> Other _____ |

**Send to: Rodeo Break Camp
International Wildlife Museum
4800 West Gates Pass Rd.
Tucson, AZ 85745**

(Please complete both sides of this form.)