



# 2018 Summer Camp Registration Form



All camps run from 8:30am to 4pm each day.

*\$150 per student; \$125 per museum member  
Creature Conservation Camp - \$120/student or  
\$100/museum member*

Two snacks are provided each day.

Please bring your lunch and a water bottle.

Deadline to register is one week prior to the  
start of each camp.

### Ages 5-9 years

- May 29 - June 1: Creature Conservation
- June 25-29: Wild Explorers
- July 23-27: Reptiles, Insects & Amphibians, Oh My!

### Ages 10-15 years

- June 11-15: Survival of the Fittest

PROMO CODE: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Age as of June 1, 2018: \_\_\_\_\_ 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. \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ CVC \_\_\_\_\_



# 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? ..... YES .....NO

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? .....YES .....NO *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"/> IWM Website     | <input type="checkbox"/> Other Website _____ |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newspaper _____     |
| <input type="checkbox"/> Flyer in Mail   | <input type="checkbox"/> Other _____         |

**Send to: CSA Summer Program  
International Wildlife Museum  
4800 West Gates Pass Rd.  
Tucson, AZ 85745**  
(Please complete both sides of this form.)