

International Wildlife Museum



Winter Break Camp 2019

January 2nd, 3rd, 4th 8:30am to 4pm Ages 5 to 9

Come for one day or all three!

Daily Non-member (\$30)

Daily Member (\$25)

January 2nd

January 3rd

January 4th

Child's Name: _____ Nickname: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone Number: _____ Boy Girl

Age as of January 1, 2019: _____ 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 _____



(Please complete both sides of this form.)



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? YESNO

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
- Previous attender
- Member Newsletter
- Newspaper _____
- Friend/Relative
- Website _____
- Flyer
- Other _____

**Send to: CSA Winter Break
Attn: Katie Robinson
International Wildlife Museum
4800 West Gates Pass Rd. • Tucson, AZ
85745**

(Please complete both sides of this form.)