

# 2019 Youth Day Camp Registration Form

*Please fill out one form per camper*

**Day Camp Program Fee:**

8:30 am - 4:00 pm  
 \$40/day/camper  
 Registration 2 weeks early-\$33/day/camper  
 5 or more camps per camper-\$27/day/camper

**Day Camp Hunt Hill Member:**

\$38/day/camper  
 Registration 2 weeks early-\$32/day/camper  
 5 or more camps per camper-\$26/day/camper

**After-Camp Camp:**

4:00 pm - 5:30 pm  
 \$3/day/camper

Camper's Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female  
 Parent/Legal Guardian's Name \_\_\_\_\_  
 Phone #'s \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
 Person Registering Camper (*if not parent*) \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #'s \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
*Camper's are divided into groups during camp. Do you have anyone that you would like to be in the same group as your camper?:* \_\_\_\_\_  
 \_\_\_\_\_

Dates & Topics	Day Camp	After Camp
6/24: Pirate Camp		
6/25: Storm Chasers		
6/26: Mad Scientist		
6/27: Squeel!		
6/28: Going Fishing		
7/1: Dinosaurs		
7/2: Yuck!		
7/3: Awesome Amphibians		
7/5: Splash!		
7/8: Space Camp		
7/9: Tinkerers		
7/10: Rockin' Reptiles		
7/11: Survival		
7/12: Bugs & Butterflies		
7/15: Ferocious Predators		
7/16: Eco Superheroes		
7/17: Geology Rocks		
7/18: Canoe Camp		
7/19: Nature Art		
8/5: Pioneer Camp		
8/6: Wilderness Explorers		
8/7: Nature Tunes		
8/8: Lost in the Woods		
8/9: Junior Birders		
8/12: Animal Builders		
8/13: Wizard Camp		
8/14: Wildlife Detectives		

**Transportation Permission**

To ensure your child's safety, we need to know to whom you've given permission to pick up your child if you are unable, or are carpooling. Also, please advise us in writing if there are particular custodial difficulties of which we should be aware. Please list the people you have given permission to pick up your child from day camp. Be sure to include spouse and grandparents if they may be transporters.

**Photograph Release**

I give my permission to the Friends of Hunt Hill Audubon Sanctuary to use any photographs taken during camp for promotional and/or educational materials (i.e. publications, web, news releases, etc.). Youth are not identified by name in publications.

Child's Name \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature (parent/guardian) \_\_\_\_\_

**KIDS CAMPOUT**

Thursday, August 15, 8:30 am - Friday, August 16, 4:00 pm

**Program Fee: \$95/camper**

**Hunt Hill Members Fee: \$85/camper**

**Preregistration and payment required by Friday, August 9.**

Total Day Camps \_\_\_\_\_ @ \$ \_\_\_\_\_ each = \$ \_\_\_\_\_  
 After-Camp Camp \_\_\_\_\_ @ \$ 3.00 each = \$ \_\_\_\_\_  
 Kids Campout \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Enclosed is my deposit (1/2 total)  
*(Please send total at least one week before first camp)* \$ \_\_\_\_\_

Enclosed is my full payment or I paid online. \$ \_\_\_\_\_

Please make checks payable to:  
**Friends of Hunt Hill**

# HUNT HILL AUDUBON SANCTUARY MEDICAL FORM - YOUTH

DATE(S) OF PROGRAM(S) ATTENDING: \_\_\_\_\_

CAMPER'S FULL NAME: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

Our camp provides first aid only. In the event of illness, or injury, a doctor will be called at the participant's expense.

In an emergency, the camper will be transported to Spooner Memorial Hospital, unless preference is noted here:

## **In case of emergency, who should be notified?**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

STREET: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

FAMILY DR: \_\_\_\_\_ CLINIC \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

## **HEALTH CONDITIONS AND ALLERGIES**

Are activities in any way limited now? \_\_\_\_\_

Has the camper been ill recently? \_\_\_\_\_ With what? \_\_\_\_\_

Is camper allergic to any medication? (specify) \_\_\_\_\_

Is camper allergic to any insects or plants? \_\_\_\_\_

Is the camper currently taking any medication? \_\_\_\_\_

Date last tetanus booster: \_\_\_\_\_

## **DIETARY NEEDS AND FOOD ALLERGIES**

List special dietary needs or food allergies: (Please review our Special Dietary Policy for more information and possible meal surcharges.) \_\_\_\_\_

## **PAST MEDICAL HISTORY**

Any history of asthma or severe allergic reaction? \_\_\_\_\_

Previous surgery? \_\_\_\_\_

Previous severe injuries (broken bones – major trauma)? \_\_\_\_\_

Previous hospitalization? \_\_\_\_\_

Any issues requiring regular medical attention? \_\_\_\_\_

## **INFORMED CONSENT WITH APPROVAL TO GIVE:**

EPINEPHRINE (EPI-PEN® OR EPI-PEN JR®) \_\_\_\_\_ DIPHENHYDRAMINE (BENADRYL®) \_\_\_\_\_

ACETAMINOPHEN (CHILDREN'S TYLENOL) \_\_\_\_\_ IBUPROFEN (MOTRIN® or ADVIL®) \_\_\_\_\_

*Epinephrine and/or diphenhydramine may be administered for the management of an allergic reaction with the intent to improve recovery and to reduce the incidence of disability. Over-the-counter acetaminophen and/or ibuprofen may be administered for the management of pain.*

*By signing below, I certify that all information above is accurate and correct. In addition, I give my consent for Hunt Hill staff to administer the medication/s that I have approved under the informed consent portion of this form.*

Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*Please fill out one medical form PER camper.