2019 Junior Explorer Camp

To enroll please mail in the completed registration, health form and payment to:

Audubon Acres, C/O Summer Camps 900 North Sanctuary Rd., Chattanooga, TN 37421

Or email to bstoess@chattaudubon.org

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Junior Explorer Camp?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check the boxes below to indicate which session(s) your child will join us at Junior Explorer Camp.

 July 8-12th: ages 4-6

  July 15-19th: ages 6-8

  July 22-26th: ages 9-11

**Registration Policies**

Camper registration fee is $150 per week for members, and $200 per week for non-members. Payment is due in full by July 5th. You may mail your check or money order with your registration, or pay in person with cash, check, credit, etc. at our visitor’s center. Please make checks out to Chattanooga Audubon Society.

**Media Sign Off**

While your child is at Audubon Acres he or she may be filmed, or photographed for media coverage and/or Chattanooga Audubon Society (CAS) promotional materials. Please indicate your permission for filming, interviews and/or photographs.

 My child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has permission to be filmed, interviewed, and/or photographed.

 My child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, does not have permission to be filmed, interviewed, and/or photographed.

**Additional Information**

Please list any special interests your child may have:

Is there any other information you would like us to know about your child:

**Pick Up Information & Authorization:**

Junior Explorer Camp runs from 9am to 3pm. Please make sure that your child is picked up at the designated time. There will be no before and after care for this particular camp. Please contact us to arrange for special pick up/drop off times in emergency circumstances.

I give permission for my child to be released to/picked up by the following people. If no one other than a parent/guardian is authorized, please indicate below by writing “NO ONE.”

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Aid and Emergency Information**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I hereby authorize Junior Explorer Camp and CAS staff to make emergency arrangements to transport my child to the nearest medical care facility and secure necessary medical treatment for my child.

I consent to the rendering of all necessary treatment, including admission to a hospital or another appropriate health care facility, in such institutions and at such places as Junior Explorer Camp acting through its agents, deems best, and I accept full financial responsibility of the expense. I authorize the agents or employees of Junior Explorer Camp and CAS to execute whatever forms might be necessary to ensure complete and adequate care of my child.

**Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

Child’s physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts** (in preferred order)

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Coverage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take medication on a regular basis? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If your child will be taking prescription OR over-the-counter medication while at camp, you must provide a signed physician’s order with detailed instructions before camp begins.*

Does your child have any physical/emotional problems that could prevent him/her from full participation in Junior Explorer Camp? Yes\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any limitations (hearing loss, sight problems, learning disabilities, etc.) that would impair his/her ability to receive information, follow directions, or participate in the program activities? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please explain, as this will assist us to better serve your child’s needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies to any type(s) of medication, foods, insect bites, etc.?

Yes\_\_\_\_\_ No\_\_\_\_\_\_ If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever been stung by a bee? Yes\_\_\_ Once\_\_\_\_ More than once\_\_\_\_ No\_\_\_\_ Unsure\_\_\_\_

Does your child carry an EPI-pen? Yes\_\_\_ No\_\_\_\_

Is it okay to give your child over-the-counter medications including but not limited to Benadryl, Calamine Lotion, sunscreen? Yes\_\_\_\_ No\_\_\_\_\_ If yes, any OTC restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge this health history is correct and complete. The participant has permission to engage in all prescribed camp activities except as noted. Throughout the summer, I will notify you to make any changes to update my child’s records.

**Parent/Guardian Initials \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_**

THE FOLLOWING SIGNATURE IS REQUIRED FOR YOUR CHILD'S ENROLLMENT IN

JUNIOR EXPLORER SUMMER CAMP:

The safety and well-being of each participant is of paramount importance to staff of Junior Explorer Camp. All reasonable care and precautions are taken to ensure that a fun, community-building experience takes place. The following acknowledgement of risk, release of liability, and statement of completeness are important sections for you to read and understand before your child arrives at camp. Please read, sign and date this agreement as confirmation that you agree with the following terms and conditions and that you have voluntarily chosen to participate and enroll your child in the program.

Acknowledgement of Risk:

I understand that Junior Explorer Camp takes place on a large nature sanctuary. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: fire building, use of tools, water quality testing, animal handling, hiking, and more. These activities can cause personal injury, property damage, illness or death.

Assumption of Liability:

In recognition of the potential hazards outlined above, I, on behalf of myself, my child, and my assigns, do hereby release Junior Explorer Camp, its employees, agents, and assigns and Chattanooga Audubon Society (CAS), its employees, agents, and assigns of and from any and all liability, causes of action, claims, and demands of every kind and nature whatsoever arising out of my child’s participation in Junior Explorer Camp, including but not limited to any claim arising out of the conditions of the premises, the operations of the program, the acts or omissions of Junior Explorer Camp’s employees and agents or CAS employees and agents, or any other negligence. I further agree to indemnify and hold harmless Junior Explorer Camp and its employees and agents, and CAS employees and agents, for and from any damages, including reasonable attorneys’ fees and costs, incurred in connection with my child’s participation in Junior Explorer Camp.

Statement of Completeness:

All of the information on the enrollment forms is confidential and will be shared only with the appropriate staff at Junior Explorer Camp. Junior Explorer Camp is not “special needs programs” but is open to campers with a variety of physical, mental or emotional conditions. Although we do not guarantee having staff with special needs training, we will do our best to provide a successful experience for all campers. In order to provide such successful experiences, however, it is essential that we be made aware of any such physical, mental, or emotional condition that would affect the safety of the applicant, other participants, or the staff, and of any reasonable modifications necessary to ensure such safety. In some cases, parents may be asked to hire a one-on-one aide for their child. I acknowledge that the information provided on the enrollment forms and on the medical forms, with respect to my child’s physical, mental or emotional conditions is complete and accurate. I understand that, if I have failed to make a complete and accurate disclosure, and if my child’s undisclosed physical, mental or emotional condition adversely affects the safety of my child, other participants, or the staff of Junior Explorer Camp, my child may be asked to leave the Junior Explorer Camp and I will receive no refund of tuition.

This agreement shall be construed and enforced in accordance with the laws of state of Tennessee, and I consent to the jurisdiction of said state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under Tennessee’s law and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**