

HOWL Spring Camp 2008
April 22, 24 - June 3,5
Ecology Explorers

Part I: Choose a time

Please check the session your child will be attending, if more than one, please check all that apply.

After School Program - Tuesday \$120 for one day; \$200 for both days

After School Program - Thursday

Classroom Visit - call Sarah to schedule.

Part II: General Information

Child's name _____ Grade of child _____

Birthday _____ Age _____ School _____

Parent's Names _____

Address _____ email _____

Home Phone _____ Work Phone _____ Cell Phone _____

In case of emergency notify (other than parents)- _____ Relationship _____

Emergency Phone Number _____ Cell Phone _____

Part III: A Bit on the Personal Side

A healthy snack will be served, please list food allergies or other allergies below.

Please list other people who may pick up your child from HOWL.

Please take a moment and write down some of your child's favorite foods, activities, treats, games, music, etc. This will help us ensure that your child enjoys their experience with HOWL this summer.

The opposite of favorites are the fears, does your child have any phobias that we should be aware of?

Part of HOWL is hiking on trails, which may contain hilly terrain. What fitness level is your child?
Running the whole way! The Steady Pacer Needs Motivation

Part IV Medical Release and Other Releases

If a serious emergency arises, it might be necessary for a physician to attend your child before HOWL staff can contact you. The AUTHORIZATION FOR MEDICAL TREATMENT AND TRANSPORTATION statement below must be signed if your child is to attend the HOWL Program.

Doctor's Name _____ Phone Number _____

Address _____

Subscriber Insurance Carrier Policy # _____

If you do **not** want medical care given to your child, or there are conditions that will limit medical care, please describe them here:

Does your child have medical history that HOWL should be aware of?
If yes, please describe here.

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize that the HOWL staff may provide medical or surgical care for any emergency that may occur while my child is in attendance at HOWL. In the event of an emergency, my child has permission to be transported by HOWL staff or an authorized parent.

Signature

Date

PHOTO RELEASE

I give permission for my child to be photographed or videotaped for the development of educational materials, or reporting on events of community interest. I fully relinquish my right or interest in any film, tape, or photograph which may be used for any legitimate purpose.

Signature

Date

LIABILITY RELEASE

I, _____, understand that there are risks for my child, _____, while participating in planned activities through HOWL Science Program Inc. (ie: hiking). I will hold HOWL not responsible if accident or injury occurs.

Signature

Date

Please mail this form with check or money order to HOWL,
PO Box 2066 Boulder Creek, CA 95006.