

HOWL Summer Camp 2009
Ecology Explorers

Part I: Pick a Camp!

Check the session your child will be attending, if more than one, check all that apply. Please include an a one time \$40.00 Registration Fee, which covers the cost of tee-shirts and water bottles. **Also**, a non-refundable \$50.00 deposit is required for any camp for which you are not paying at the time of registration. There is a 20% discount for those who register by June 1!

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| <input type="checkbox"/> Camp 1: Summer Celebration- \$200.00 | <input type="checkbox"/> Camp 5: Heart and Health - \$200.00 |
| <input type="checkbox"/> Camp 2: Water World I- \$250.00 | <input type="checkbox"/> Camp 6: Protect IT! - \$250.00 |
| <input type="checkbox"/> Camp 3: Water World II - \$200.00 | <input type="checkbox"/> Camp 7: Wild About Animals- \$220.00 |
| <input type="checkbox"/> Camp 4: Art in the Park - \$250.00 | <input type="checkbox"/> Camp 8: Camping/Wilderness- \$250.00 |
| | <input type="checkbox"/> Camp 9 Best of 2009 - \$200.00 |

Weekend Hikes July 25 August 15 \$10.00/day - no registration fee required
Weekend Warriors July 11 August 22 \$10.00/day - no registration fee required

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

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

PERMISSION SLIP

Child's name: _____ Parent name: _____ Cell number: _____

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

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

Has your child been stung by a bee or wasp? ___ Yes ___ No What was the reaction? (Often, it is the second or third exposure that causes a reaction.

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 for HOWL and/or Mountain Parks Foundation. 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.