



Cape Fear Kids Camp Registration Form 2011

PLEASE **PRINT** CLEARLY

Camper Name: _____ DOB _____ Age _____

Parent/Guardian Name: _____

Address: _____

PHONE: home: _____ cell: _____ work: _____

Release of Liability

With _____ (camper's name) registered to participate in this program offered by Cape Fear Botanical Garden (CFBG) I'm fully aware and assume all the risks and hazards incidental to the conduct of the activity and do further hereby release, absolve, indemnify and hold harmless the CFBG, its employees, the organizers, the instructors, the sponsors and supervisors, any or all of them. I acknowledge that I have had the opportunity to obtain information about such risks and hazards.

In case of accident or illness, I authorize a representative of the CFBG to obtain immediate medical care for _____ (camper's name) as deemed necessary by licensed medical personnel. In case of injury, I hereby waive all claims against the CFBG, its' employees, the organizers, the instructors, the sponsors and supervisors.

Parent/Guardian Signature: _____ Date: _____

Cape Fear Kids Camp Code of Conduct

- Campers shall participate fully in all programs.
- Campers shall respect the property and facilities used and assume financial responsibility for any damages they cause.
- Campers shall not engage in any conduct that could harm themselves or other persons, or jeopardize the safety of themselves or others.
- Failure to obey the reasonable instructions of staff may result in dismissal from camp.

I agree to abide by the above stated guidelines and to do my best at all times.

Camper's signature: _____ Date: _____

Emergency Contact Information

(Please PRINT clearly)

Camper Name: _____ DOB _____ Age _____

Home Address: _____

School Attending: _____ entering which grade? _____

Custodial Parent/Guardian: _____

PHONE: home _____ cell _____ work _____

Address: _____

Second Parent/Guardian: _____

PHONE #'s: home _____ cell _____ work _____

Address: _____

Please list emergency contact in case above cannot be reached:

Emergency contact: _____

PHONE #'s: home _____ cell _____ work _____

Address: _____

Relationship to camper: _____

Campers will only be released to the adults listed on this form.

Photo ID of any adult may be requested at pick up; please be aware of this policy.

Health Information Form

(Please PRINT clearly)

Camper Name: _____

DOB _____ Age _____ Male/Female _____

Signature of custodial parent or guardian: _____

Printed name of custodial parent or guardian: _____

Relationship to camper: _____ Date: _____

Doctor: _____ Office phone: _____

Office address: _____

Hospital preference: _____

Does your child have any known allergies (such as foods, medications, plants, animals, etc.)?
If yes, what are they and how severe is the reaction?

Please list any and all medications being taken by your child. This information is needed in case of a medical emergency. Please be advised that Cape Fear Botanical Garden does not administer or store any type of prescription or non-prescription medication.

May camp staff apply a sunscreen lotion or spray (SPF 50) on your child?

YES NO Signature _____

May camp staff apply insect repellent (7% DEET) on your child?

YES NO Signature _____

Is there anything else you would like the staff to know about your child or your child's health?

This health information is correct and complete as far as I know. The camper named is in general good health, and I give permission for him/her to participate in all camp activities unless otherwise noted.

Signature of custodial parent or guardian: _____

Printed name of custodial parent or guardian: _____

Model/Photo Release

I, _____, hereby grant permission to Cape Fear Botanical Garden to use my photograph(s) in any print or web materials. I acknowledge the right of Cape Fear Botanical Garden to crop and format the photographs as necessary.

I hereby agree to release and hold harmless Cape Fear Botanical Garden, from and against any claims, damages or liability arising from or related to the use of the photograph(s). I recognize that photo credit will be given at the placement of the photograph(s) when possible.

If person photographed is under 18, I certify that I am his/her parent or legal guardian and I give my consent without reservation to the foregoing on his/her behalf.

Signature of parent granting permission

Date

Print name of parent granting permission

Print name of minor

Address

Phone

E-mail

Description of photo(s) released:

Cape Fear Kids Summer Camp 2011, June 20–24, 2011

*If you have any questions or concerns regarding this release, please contact
Jen Smith, Director of Education, at (910) 483-4638.*

PLEASE MAIL, FAX OR E-MAIL THIS FORM TO:

**Cape Fear Botanical Garden
536 North Eastern Boulevard
Fayetteville, NC 28301
FAX: 910-486-4209
E-Mail: edu@capefearbg.org**