



**ARCHBOLD BIOLOGICAL STATION
ECOLOGY SUMMER DAY CAMP 2008
REGISTRATION FORM**



Sand pine

IMPORTANT INSTRUCTIONS:

Space is **very** limited. A space **cannot** be reserved until we receive: 1) **completed** registration form, 2) **signed** liability release form and 3) your **check** for \$145, made payable to **ARCHBOLD BIOLOGICAL STATION**.

Name of Camper _____ Birth Date _____ Age _____ Sex _____

Parent/Guardian _____

Address _____ Email _____

Telephone No.: Day _____ Night _____ Cell _____

Emergency Contact (other than parent/guardian): _____ Phone # _____

Special Concerns or Comments (Dietary restrictions, medications, allergies): _____

CHOOSE DESIRED SESSION (only one):

- _____ Session One: June 9 – June 13 (Ages 10-12)
- _____ Session Two: June 16 – June 20 (Ages 7-9)
- _____ Session Three: June 23 – June 27 (Ages 10-12)
- _____ Session Four: June 30 – July 4 (Ages 7-9)

- If your first choice is full, do you want to register for another session offered for your child's age group? ___ yes ___ no
 - If chosen session is full, do you want Archbold to hold your check and place your child on the waiting list? ___ yes ___ no
- Note: Your check will be returned in the event your child does not get in.**
- Each camper will receive a specially designed t-shirt at the end of camp. Please indicate your child's shirt size below.
Child's shirt size (circle one): Youth - S M L Adult - S M L

1.- PERMISSION TO SWIM

My child has permission to swim at Lake Annie during Ecology Summer Day Camp. I understand that a lifeguard certified in American Red Cross Lifesaving, CPR, and First Aid will supervise the swim.

- YES, I approve. NO, I do not approve.

2.- MEDICAL RELEASE

In the event that my child may require medical treatment for any reason while at Archbold Biological Station, I authorize the Station's employees to admit my child for treatment at any licensed medical facility. Station employees are requested to arrange for transportation, at my expense, to the medical facility chosen to provide treatment and to administer first aid if deemed necessary.

- YES, I approve. NO, I do not approve.

3.- PHOTO RELEASE

During your child's visit to Archbold Biological Station, he/she may be photographed during various activities. Some of these photos may be used on our website or in local newspaper articles where names are often used. Please indicate whether permission is/is not given.

- I **DO** hereby authorize the Education staff or volunteers at Archbold Biological Station to:
- 1.- prepare slide presentations, photographs, video tapes, audio tapes & movie films in which my child will speak &/or appear in Archbold programs.
 - 2.- use, reuse, publish & republish the same in whole or in part, individually or in conjunction with other photos, video or film, in any medium & for any purpose whatsoever, including illustration, promotion & advertising by Archbold Biological Station.

I hereby waive any monetary rights or other rights that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I understand and agree that all rights, royalties & materials will belong to Archbold Biological Station.

- I **DO NOT** authorize the Education staff or volunteers at Archbold Biological Station to perform the above.

Parent/Guardian signature

Date