

# Wetland Wonders: Environmental Science Camp

## Registration Form 2019

Location: Onslow County Environmental Education Center, Sneads Ferry

Sponsored by: Onslow County Museum & NC Cooperative Extension 4H

### **Camper Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

T-Shirt (Youth):    S       M       L       XL

(Adult):        S       M       L       XL

### **Health Information:**

Please indicate in the space below ANY allergies or health conditions for which your child is currently being treated or from which they chronically suffer i.e., diabetes, heart condition, asthma, or other respiratory problems, seizures, ear infections, nosebleeds, allergies, ADD/ADHA, or any inability that may limit the child from fully participating in program activities.

\*\*\*Release: Photo release: I agree to allow photographs, video, and/or audio to be taken during Wetland Wonders which may be used for public information, marketing, exhibition, and educational purpose. \_\_\_\_\_ (please initial)

\*\*\*Field Trip: Wetland Wonders will travel to Cliffs of the Neuse State Park in Seven Springs, NC.

### **Parent/Guardian/Family Information**

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Other Siblings in the Wetland Wonders Camp Program: \_\_\_\_\_

### **Authorization for Release:**

Please list the name and phone number of two (2) people who can be notified if your child needs to be picked up from the program in the event of an emergency and/or some other reason and a parent/guardian cannot be located or contacted.

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Medical Emergency Information:**

Hospital Preference: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_

In case of medical emergency, I understand every effort will be made to contact one or both parents/guardians and/or those persons listed under the "Authorization for Release" section of the enrollment form. In the event none of the above can be reached, I hereby give permission to the Wetland Wonders Camp Director to secure proper medical treatment by calling the appropriate persons and/or facility who may hospitalize and/or order injection, anesthesia, or surgery for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Field Trip Authorization:**

My child, \_\_\_\_\_, has my permission to participate in the scheduled field trip *departing the Environmental Education Center in Sneads Ferry to Cliffs of the Neuse State Park, located in Seven Springs, NC.* I hereby release the Onslow County Museum and NC Cooperative Extension (its agents, officials, employees, staff, and board members) of any liability and understand that my child will NOT be able to attend the field trip without this permission form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Checks out to:**

Onslow County

**Send Payment & Registration Forms to:**

NC Cooperative Extension

Attn: 4-H

4024 Richlands Hwy

Jacksonville, NC 28540

