



2010 Discovery Camp Participant Form

This form must be completed in its entirety in order for your child to participate in Discovery Camp programs. Failure to do so will result in refusal by The Arboretum to include your child in the discovery camp as well as a forfeiture of all fees paid. **Forms must be received by the Arboretum no later than 10 days prior to the first day your child attends camp unless given special permission by the Discovery Camp Coordinator.** Original signatures are required- no faxed copies will be accepted.

ALL INFORMATION IS STRICTLY CONFIDENTIAL AND IS USED ONLY TO PROVIDE THE SAFEST AND HIGHEST QUALITY EXPERIENCE FOR EACH CHILD

PARTICIPANT INFORMATION

First Name _____ Last Name _____ Prefers to be called _____

Gender: Male Female T-shirt Size: _____ Birthday: ____/____/____ Rising Grade: _____

List the Camps the Participant Plans to Attend: _____

Please check if the participant is subject to the following:

ADD/ADHD Blindness Heart Trouble
 Asthma Deafness Seizures
 Autism Diabetes Other: _____

Date of Latest Tetanus Inoculation: ____/____/____

List any physical restrictions/limitations or pre-existing medical conditions we should be aware of:

List any medication, when they are taken, and for what condition:

If the participant takes part in overnight campouts, list what medications should be given and when:

List allergies the participant has to any food, plants, insects or medications and the reaction to each:

Describe any behaviors the child may demonstrate that may be disruptive to group learning:

Describe any mental or emotional challenges the child may deal with:

How would you describe the swimming ability of your child (for Boots, Paddles and Reels participants):

Are there any dietary needs we should keep in mind in regard to any snacks or meals (allergies, vegetarian, kosher foods, etc.)?

PARENT/GUARDIAN INFORMATION

Adult 1:

First Name _____ Last Name _____ Relationship to Camper _____

Address _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Adult 2:

First Name _____ Last Name _____ Relationship to Camper _____

Address _____ Email _____

Cell Phone _____ Home Phone _____ Work Phone _____

Emergency Contact (if unable to reach above): _____
Name _____ Phone _____

In addition to the adults listed above, who is permitted to pick up your child from camp? _____

PLEASE INITIAL EACH STATEMENT BELOW AND SIGN AND DATE AT BOTTOM- MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

My child has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and informed. INITIALS _____

Designated Arboretum staff may dispense medication under physician's orders. All medications must be in a prescription container clearly labeled with the child's name, type of medication, dosage and times (both a.m. and p.m.) to administer medication to my above named child in the manner described by the physician's orders. INITIALS _____

I am the legal guardian of _____, who is under the age of 18 years and who wants to participate in The Arboretum's programs. In consideration of my child's participation in the programs, I hereby release, waive and discharge The Arboretum and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child to any person or property arising out of participation of the program, whether on The Arboretum's premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused by the negligence of The Arboretum or any of the individuals listed above. INITIALS _____

For student requiring injections: Generally, The Arboretum staff are not trained or required to administer injections or other medical procedures or medications, except in life threatening emergencies. The Arboretum's policy is to allow individuals to administer necessary injections to themselves, like that for the control of diabetes. Instructions as to necessary injections or medical procedures must be provided by a physician and accompany the medication as stated above. I request that The Arboretum staff consider acting on a case-by-case basis should my above named child need an emergency injection or other medical procedure. I further hereby authorize The Arboretum staff to examine and render emergency or urgent medical care as they deem necessary, or to transport my child to emergency care if deemed necessary. INITIALS: _____

I understand that the Arboretum reserves the right to refuse or dismiss a camper for just and reasonable cause. I understand that no refund will be issued in this case, and that I will be asked to pick up my child. INITIALS: _____

I consent and authorize The Arboretum to use my child's photograph for educational and public relations purposes. INITIALS: _____

Date: _____ Parent/Guardian Signature: _____

Insurance Company and Policy Number: _____

Physician's Name and Telephone Number: _____

Send To: Discovery Camp Coordinator, The North Carolina Arboretum
100 Frederick Law Olmsted Way Asheville, NC 28806