

NATURE EXPLORERS

SUMMER ENRICHMENT PROGRAM 2017

Registration Form (please fill out one form for each sibling)

Please print and send pages 1 to 4 to:
Coast Kids - Assateague Coastal Trust
P.O. Box 731
Berlin, MD 21811
or scan and email to coastkids@actforbays.org

After we receive your registration form, we will send you a detailed description of all drop-off locations, and what to bring or wear on each day. If you have any questions, please contact Verena Chase at (410)629-1538, or email to coastkids@actforbays.org.

About your child:

Participant's Name (and nickname, if it applies):.....

Home Address:.....

.....

Home Phone:

Date of Birth:..... Sex: M F

T-shirt size:

Youth XS (2-4) Youth S (6-8) Youth M (10-12) Youth L (14-16) Youth XL (18-20)

Allergies or other medical information we need to know:.....

.....



Parent/Guardian Information

Name(s) of Parent(s)/Guardian(s):

.....

Home Address (if different):

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Home Phone:

Parent/Guardian Cell:

Parent 1 Work Phone:Parent 2 Work Phone:

Email Address:



Coast Kids Nature Explorers Summer Enrichment Program

EMERGENCY CARE CONSENT FORM

In case of illness or accident while my child is under the care and supervision of the Nature Explorers Summer Enrichment Program, I the undersigned, hereby consent to the Assateague Coastal Trust - Coast Kids authorized staff to provide emergency first aid and/or administer emergency care and/or treatment through a clinic, a doctor and/or hospital should they feel it is advisable or necessary. I also agree to pay all of the cost and fees contingent upon an emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the participant is registered in the Nature Explorers Summer Enrichment Program.

Child's name _____

Name of Parent/Guardian _____

Phone number parent/guardian can be reached at _____

Your child's physician or clinic

Name of physician or clinic _____

Phone _____

Street _____ City _____

State _____ Zip _____

Hospital Preference _____

My child's medical records are located at:

Signature of Parent/Guardian **Date**

WAIVER

I further agree that the medical information given above is correct. The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Assateague Coastal Trust, Coast Kids, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program. In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program, that no insurance covering accident or injury has been provided for participants, that arrangements for any such insurance would have to be made individually by the undersigned, and that at no time will my participation in a program be contingent on divulging any confidential medical information.

Signature of Parent/Guardian _____
Date

BEHAVIOR CONTRACT

We all want to have lots of fun during summer camp! I promise to follow directions and be respectful to myself, others, and the environment. I understand that, if I misbehave, the following will happen:

- 1. I will be warned.
- 2. I will get a strike.
- 3. On the third strike I will not be allowed to continue camp.

Signature of Child

In the past the Nature Explorers Summer Enrichment Program has been a wonderful and team-building experience for the campers. We want to give your child the best possible experience while learning, playing and discovering.

Please be aware that we take behavior seriously. Therefore we cannot tolerate disrespectful behavior. You will be made aware of any warnings or strikes your child may receive. After three strikes your child will not be allowed to return to camp and no refund will be granted.

Signature of Parent/Guardian