

NATURE EXPLORERS

SUMMER ENRICHMENT PROGRAM 2019

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

Please print and send pages 1 to 5 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):

.....

.....

Home Phone:

Parent/Guardian Cell:

Parent 1 Work Phone:Parent 2 Work Phone:

Email Address:

- I DO NOT want my address and telephone number included on the carpool list.
- I DO NOT grant the Coast Kids program permission to publish images of my child.
- I DO NOT give permission to reapply sunscreen/bug spray, if necessary.

If you have to cancel:

If you cancel before May 31, 2019, you will receive an 80% refund. After May 31, 2019 you will receive 50% refund.

- I have read and understand the cancellation policy.

Signature: _____ **Date:** _____

Payment information

Week 1:	\$140, if payment is received before April 15, 2019	
6/17/19 to 6/20/19	\$150 after April 15, 2019	
	\$140 for siblings	\$ _____

Week 2:	\$140, if payment is received before April 15, 2019	
6/24/19 to 6/27/19	\$150 after April 15, 2019	
	\$140 for siblings	\$ _____

Coast Kids membership fee (optional): \$35 for the first child, each additional sibling costs \$20. Coast Kids membership includes 12 free monthly events, a membership present, and a Coast Kids T-shirt.) \$ _____

Total amount due: \$ _____

Payment method (please choose one)

- Check enclosed (check(s) payable to Assateague Coastal Trust)
- Please charge my VISA/MasterCard/American Express/Discover

Name on Card:

Card Number:

Exp. Date:/.....

Security code:

Signature: _____



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. (Fortunately, this has never happened so far!)

Signature of Parent/Guardian

For participants in week 2 (June 24th to June 27th) only:

HOOF PRINTS

TRAIL RIDING CENTER

5367 Sixty Foot Road, Parsonsburg, MD 21849

410-835-8814 Sandy Winter, Director

Liability Release – In consideration of HOOF PRINTS allowing my child's participation in this activity I agree to hold harmless and release HOOF PRINTS from legal liability except in the event of HOOF PRINTS gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against HOOF PRINTS for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me in relation to the premises and operations of HOOF PRINTS, to include while learning about riding, or while riding, handling, or otherwise being near horses owned by or in the care, custody and control of HOOF PRINTS. I UNDERSTAND THE ASSUMPTION OF RISK.

Participant's Name (Print) _____ Age _____

Parent/Guardian (Print) _____

Parent/Guardian Signature _____ Date _____