



BEAVER MEADOW AUDUBON CENTER
1610 WELCH RD, N JAVA, NY 14113
2008 SUMMER DAY CAMP
REGISTRATION & HEALTH FORM

OFFICE USE ONLY	
___ IN BOOK	___ IN COMPUTER
___ ON MASTER LIST	___ AMT PD
___ DATE	___ PAYMENT TYPE

Beaver Meadow's summer sessions are licensed by the NYS department of Health. Our instructors have first aid training. The North Java First Aid Squad will handle major emergencies.

This form must be filled out, with an immunization record attached, and returned to us to guarantee registration for a session. Please check date child will be attending.

PEE WEE NATURALISTS COMPLETED KINDERGARTEN \$110	NATURE EXPLORERS 1 ST OR 2 ND GRADE \$110	ADVANCED EXPLORES 3 RD OR 4 TH GRADE \$120	ADVENTURE CAMP 5 TH OR 6 TH GRADE \$120	EXPEDITION CAMP 7 TH - HIGH SCHOOL \$150
JUNE 30 TH TO JULY 5 TH (SAT) Times 9-3 CLOSED JULY 4TH	JULY 7 TH TO JULY 11 TH Times 9-3	JULY 14 TH TO JULY 18 TH Times 9-4	JULY 21 ST TO JULY 25 TH Times 9-4	JULY 21 ST TO JULY 25 TH Times 9-4
JULY 28 TH TO AUGUST 1 ST Times: 9-3	AUGUST 4 TH TO AUGUST 8 TH Times 9-3	AUGUST 11 TH TO AUGUST 15 TH Times 9-4	X	X

CHILD'S NAME: (PLEASE PRINT) _____

PARENT'S NAME (PLEASE PRINT) _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (HOME) _____ - _____ - _____ (WORK) _____ - _____ - _____

EMERGENCY CONTACT INFORMATION (other than parent)

NAME: (PLEASE PRINT) _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (HOME) _____ - _____ - _____ (WORK) _____ - _____ - _____

****REQUIRED INFORMATION:**

An immunization record from the doctor's office must be attached.

IMPORTANT: PLEASE LIST SPECIAL HEALTH CONDITIONS WE SHOULD BE AWARE OF, SUCH AS ALLERGIES, REACTION TO DRUGS, BEE STINGS, ETC.

In case of emergency or illness, I hereby give permission for health care to be provided for the above named child.

(Signature of Parent or Guardian)

PLEASE SIGN THE MODEL & PRINT RELEASE FORM ON THE BACK

Buffalo Audubon Society
MODEL & PRINT RELEASE Form

The Buffalo Audubon Society takes photographs of its programs and participants and/or asks for written material from time to time for use in Society newsletters, brochures, displays and other non-commercial purposes in support of the Society's mission of education and conservation. The signer grants permission to Buffalo Audubon Society to make photographic records of his/her participation in Society programs and activities without recourse or compensation. The signer also allows Buffalo Audubon Society to reprint any essays or other written or drawn materials given to us by the participants.

I HAVE READ, UNDERSTOOD, AND VOLUNTARILY SIGNED THIS **RELEASE** AGREEMENT ON THIS _____ DAY OF _____, 20__.

PARENT OR GUARDIAN'S SIGNATURE

