

WILDWOOD  **PARK**
for the arts

**Junior Naturalist
Spring Break Camp
REGISTRATION FORM**

To enroll, please complete the following information and return it to:

Wildwood Park for the Arts
20919 Denny Rd
Little Rock AR 72223
501-821-7275

Student's name _____ Age _____

Parent/Guardian Name _____

Address City/State/Zip _____

Home Phone _____ Work _____ Cell _____

E-mail Address _____

Emergency Contact if parent/guardian cannot be reached _____

Relationship _____ Home Phone _____ Cell Phone _____

The total fee for the Junior Naturalist camp is \$180 (including the \$50 non-refundable registration fee.) Alternatively, students may attend on a daily basis at \$45 per day.

Wildwood's Junior Naturalist Spring Break Camp, ages 7-12

March 18 – 22, 2019, 9am – 4pm

Drop off begins each day at 8:45 AM and pick up lasts until 4:30 PM.

_____ \$50 camp registration fee enclosed*

_____ \$130 due by March 18, 2019

\$ _____ Total enclosed

*Please note that the \$50 camp registration fee must accompany this registration and is non-refundable.

Please make all checks payable to Wildwood Park or pay online at wildwoodpark.org.

Please direct questions to Beverly Stang, info@wildwoodpark.org or call 501-821-7275.

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EMERGENCY AUTHORIZATION/MEDICAL RELEASE

My child, _____ (name), has my permission to attend the Wildwood Park's Spring Break Camp, to participate in all activities, to go on walks on Wildwood property, and participate in other activities with adequate supervision. I also grant the staff permission to apply bug repellent and/or sunscreen for these activities. In the event emergency medical care is warranted I hereby grant permission for the staff of Wildwood and Wildwood's Spring Break Camp to take steps, which may include, but are not limited to:

1. Attempt to contact parent or guardian.
2. Attempt to contact other authorized persons
3. Attempt to contact the child's physician
4. If the child's physician cannot be contacted, we will do any or all of the following:
 - A. Call 911
 - B. Medical Personnel will determine whether child needs immediate care.

Any expenses incurred will be borne by my family. Wildwood Park will not be responsible for anything that may happen as a result of false information given at the time of registration.

I, _____ (parent or guardian), give my permission and authorization for the staff of Wildwood Spring Break Camp or duly appointed representative for my child, _____ (name), to receive medical attention from a duly licensed or recognized physician or surgeon in case of emergency or illness during program hours when the parents cannot be reached. I understand that every attempt will be made to contact me first in such a case, and if I can't be reached immediately, another person on the form will be contacted. I RELEASE Wildwood Park and Spring Break staff of any responsibility in case of accident or injury.

Parent's Signature _____ Date _____

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******Important Medical Information******

Child's Physician _____

Name of Clinic _____

Phone & Address of Clinic _____

Hospital where you would PREFER your child be taken in case of medical emergency

Name of Insurance Company _____

Policy Number _____ Group Number _____

Special Problems (check all that apply):

Sunburn Sensitive Temper Tantrums Fainting Spells

Seizures Frequent Colds Nose Bleeds

Allergies: _____

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Student: _____

Preferred Phones: (_____) _____ (_____) _____

Email: _____

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Student: _____

Preferred Phones: (_____) _____ (_____) _____

Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name(s): _____ Relationship to Student: _____

Preferred Phones: (_____) _____ (_____) _____

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PHOTOGRAPHY/VIDEO WAIVER

Wildwood Park for the Arts is including photos and/or videos of students, teachers, and park activities on its website, email blasts, and promotional material. It is our policy that the full names of students will not be used. Occasionally, it might be necessary to use the first name of a student, but no last names, addresses, and/or telephone numbers will ever be used. Choose one:

___ We/I hereby give permission for Wildwood Park to use photos along with first name on electronic forms of communication and promotional material.

___ We/I hereby give permission for Wildwood Park to use photos **only without first name** on electronic forms of communication and promotional material.

___ We/I hereby **do not** give permission for Wildwood Park to use photos on electronic forms of communication and promotional material.

Child's Name: _____

Parent or Guardian Signature: _____

Date: _____