



2015 SUMMER CAMP
REGISTRATION & HEALTH FORM

*REGISTRATION & HEALTH FORMS NEED TO BE RETURNED **TOGETHER** WITH PAYMENT (CHECKS, CASH OR CREDIT CARD). REGISTRATIONS WILL NOT BE ACCEPTED OVER THE PHONE.

CHILD'S NAME: (PLEASE PRINT) _____ BIRTHDAY _____

PARENT'S NAME: (PLEASE PRINT) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

EMAIL - _____

SCHOLARSHIPS ARE AVAILABLE Provide a letter detailing why you need the scholarship. Letters must accompany registration form and are due by July 1st to be eligible for consideration.

Camp Levels GRADE JUST COMPLETED _____

FLEDGLINGS: – Kindergarten & 1st Grade – 9-3 pm \$125 Member \$165 Non Member

____ July 6 - 10
SONGBIRDS – 1st - 3rd Grade – 9-3 pm \$125 Member \$165 Non Member

____ July 13-17 OR _____ August 10-14
OSPREY – 3rd - 5th Grade – 9-4 pm \$135 Member \$175 Non Member

____ July 20 - 24
RAVENS – 5th - 7th Grade – 9-4 pm \$135 Member \$175 Non Member

____ July 27 – 31
RAPTORS – 7th Grade to High School – 9-4 pm Member \$165 Non Member \$205

\$35 FAMILY MEMBERSHIP – If registering more than one child, you only need one membership per family ____ NEW ____ RENEWAL (Must be current at time of camp)

____ **Can you help?** If you can spare an extra donation in any amount, we will add it to our scholarship fund & use it to assist another student.

Make checks payable to Beaver Meadow Audubon Center (BMAC) TOTAL

A CAMP TEE SHIRT IS INCLUDED IN CAMP FEE

Circle size : **ADULT** XL, L, M, S; or **CHILD** L, M, S

I give permission to Buffalo Audubon Society to use photographs or videos taken of my child during camp, &/or samples of his/her writing or artwork in future promotional materials for the Center's programs.

Signature

Date

Office use only:

Date Paid _____ Payment Type _____ Sign in sheet _____ Computer _____ Master List _____

BUFFALO AUDUBON SUMMER CAMP HEALTH FORM

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

PARENT / GUARDIAN _____ PHONE _____

ADDRESS _____

STREET

CITY

ZIP

IF YOU ARE UNAVAILABLE, PLEASE NOTIFY:

NAME _____ RELATIONSHIP _____ PHONE _____

PHYSICIAN _____ PHONE _____

ALLERGIES: (FOOD, MEDICINE, INSECT BITES, PLANTS, LATEX, HYPER-SENSITIVITIES, ETC.)

DOES YOUR CHILD HAVE ANY ALLERGIES? NO YES - EXPLAIN _____

GENERAL INFORMATION: DOES YOUR CHILD SUFFER FROM:

___ ASTHMA ___ DIABETES ___ HIGH BLOOD PRESSURE

___ HEART TROUBLE ___ KIDNEY DISEASE ___ CONVULSIONS / SEIZURES

___ HEMOPHILIA ___ CANCER/LEUKEMIA

EXPLAIN ANY POSITIVE RESPONSES: _____

LIST ANY PHYSICAL OR BEHAVIORAL CONDITIONS THAT MAY AFFECT OR LIMIT FULL PARTICIPATION IN CAMP:

IMMUNIZATIONS: A CURRENT IMMUNIZATION RECORD FROM YOUR PHYSICIAN IS REQUIRED TO ATTEND CAMP. PLEASE ATTACH TO THIS FORM.

PERMISSION TO ADMINISTER MEDICATIONS

ACCORDING TO NYS HEALTH CODE, IF YOUR CHILD IS TO TAKE ANY PRESCRIPTION OR OVER-THE-COUNTER (OTC) MEDICATIONS WHILE AT CAMP, WE MUST HAVE AN ORDER SIGNED BY YOUR CHILD'S PHYSICIAN. THIS INCLUDES ADMINISTRATION OF OTC FOR EMERGENCY SITUATIONS SUCH AS BEE STINGS.

PRESCRIPTION MEDICATIONS THAT WILL BE TAKEN AT CAMP MUST BE PROVIDED IN THEIR ORIGINAL CONTAINERS, LABELED WITH THE CAMPER'S NAME.

___ PRESCRIPTION MEDICATIONS ___ EPI-PENS ___ ORAL BENADRYL

___ TOPICAL BENADRYL ___ NEOSPORIN (OR EQUIVALENT) ___ INSECT REPELLENT

___ SUNSCREEN ___ OTHER _____

PERMISSION: I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT THE ADULTS LISTED ABOVE IN THE CASE OF AN EMERGENCY. IN THE EVENT NO ONE CAN BE REACH, I HEREBY GIVER PERMISSION TO THE PHYSICIAN SELECTED BY THE ADULT LEADER IN CHARGE TO SECURE PROPER TREATMENT.

SIGNATURE _____ DATE _____