

Pelican Island Audubon Summer Adventure Camp

CAMPER INFORMATION

NAME _____ MALE FEMALE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ ENTERING GRADE 6th 7th 8th

PHONE _____ EMERGENCY PHONE _____

ALLERGIES _____

MEDICATIONS/MEDICAL CONDITIONS _____

PARENT/GUARDIAN INFORMATION

NAME(S) _____

RELATIONSHIP _____

EMAIL _____

Price: One week - 8:30AM-3PM = \$200 per camper - Special for Audubon Advocate alumni = \$150 per camper

Select camp week: June 5-9 *Eagle Week* July 24-28 *Osprey Week*

Pay by cash/check/credit card. **Make sure to confirm camper acceptance and for which week.**

ACKNOWLEDGMENT OF RISK & RELEASE - ALL BOXES MUST BE SIGNED

Privacy Policy - _____ INITIAL Pelican Island Audubon Society will not release any information regarding your child/guardian to any third party under any circumstances with the exception being appropriate medical persons during a medical situation.

Publicity Release - _____ INITIAL I give permission for any images, likenesses or quotes taken of my child/guardian to be used for Pelican Island Audubon for publicity purposes, including but not limited to newsletters, social media, presentations and websites.

Liability Release - _____ INITIAL I have voluntarily requested that my child/guardian be placed in a science nature activity program with Pelican Island Audubon. I am not giving up my right to justice in the case of negligence but rather am acknowledging that a Pelican Island Audubon camp program environment can have dangers both seen and unforeseen that may be out of control of the program. In these situations, I will hold harmless of any liability Pelican Island Audubon Society, its officers, agents, employees or volunteers.