

2010 Summer Camp Registration & Medical Record Form

Mail complete application to: Attn: Summer Camp Registration
 Heard Natural Science Museum,
 One Nature Place, McKinney, TX 75069

Fax complete application with credit card payment to: 972-548-9119

Completed application Includes: 1.Registration & Medical Record Form
 2. Copy of Immunizations
 3. Full Payment

Participant _____ DOB _____ M F

Parent/Guardian _____

Street _____ City _____ Zip _____

Home phone _____ Cell _____ email _____

Please place my child in class with: _____
The Heard will make every effort to fulfill placement requests; however, specific placement cannot be guaranteed.

Camp Selections *Students must have reached the minimum age of their classes by January 1, 2010.*

Camp Session	Age & Rate	Total
Camp Woolly Mammoth <input type="checkbox"/> June 7-11 <input type="checkbox"/> July 5-9 <input type="checkbox"/> June 14-18 <input type="checkbox"/> July 12-16 Camp Saber-tooth Tiger <input type="checkbox"/> June 21-25 <input type="checkbox"/> July 19-23 <input type="checkbox"/> June 28-July 2 <input type="checkbox"/> July 26-30	Child's age as of January 1, 2010: <input type="checkbox"/> 5 years <input type="checkbox"/> 7 years <input type="checkbox"/> 9 years <input type="checkbox"/> 6 years <input type="checkbox"/> 8 years Time: 9am - 2pm \$235 non-members / \$210 members <input type="checkbox"/> After camp care, add \$75/session	\$ _____
Eco-Explorers <input type="checkbox"/> June 7-11 <input type="checkbox"/> June 28-July 2 <input type="checkbox"/> June 21-25 <input type="checkbox"/> July 12-16	<input type="checkbox"/> 10-12 year olds, 9am - 2 pm \$260 non-members / \$235 members <input type="checkbox"/> After camp care, add \$75/session	\$ _____
Animal Adventure Camp 1 <input type="checkbox"/> July 5-9 Animal Adventure Camp 2 <input type="checkbox"/> July 19-23 <i>Camp 1 is a prerequisite for Camp 2</i>	<input type="checkbox"/> 10-14 year olds, 9am - 2 pm \$285 non-members / \$260 members <input type="checkbox"/> After camp care, add \$75/session	\$ _____
Eco-Adventure Canoe Camp <input type="checkbox"/> June 14-18	<input type="checkbox"/> 12-16 year olds, 9am - 2 pm \$325 non-members / \$300 members <input type="checkbox"/> After camp care, add \$75/session	\$ _____
Audubon Naturalist Art Camp <input type="checkbox"/> July 26-30	<input type="checkbox"/> 6-12 year olds, 9am - noon \$185 non-members / \$160 members <i>After camp care not available for this camp</i>	\$ _____
Wildlife Gardener Camp <input type="checkbox"/> June 14-18	<input type="checkbox"/> 9-11 year olds, 9am - noon \$185 non-members / \$160 members <i>After camp care not available for this camp</i>	\$ _____
Summer Camp T-shirt ___@ \$12.95 Youth ___@ \$14.95 Adult	<i>Order deadline May 3. Availability not guaranteed after that date.</i> Youth size: <input type="checkbox"/> S (6-8) <input type="checkbox"/> M (10-12) <input type="checkbox"/> L (14-16) Adult size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	\$ _____
Insulated Water Bottle Carrier ___@ \$5.75	<i>Order deadline May 3. Availability not guaranteed after that date..</i> Has an easy-to-carry shoulder strap & water bottle	\$ _____
Total Payment		\$ _____

RELEASE AUTHORIZATION: I authorize the release of my child from educational classes/programs at The Heard Natural Science Museum & Wildlife Sanctuary to the following individuals. I understand that my child will NOT be released from class to any individual (other than the parent or guardian listed above) whose name does not appear on this list.

1. _____ 3. _____

2. _____ 4. _____

Photo Release My signature authorizes the Museum to photograph the registered participant for the reasonable use and purpose of promoting camps, classes and workshops.

Parent/Guardian Signature _____ Date _____

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- Only completed application packets will be processed. Complete one registration form per participant.
- Complete applications processed on a first-come, first-served basis.
- Minimum enrollment requirements apply to all camp sessions.
- Cancellations made on or before May 4 are eligible for a 50% refund. Tuition is NON-REFUNDABLE after May 4.
- The Museum reserves the right to adjust age-groups, reschedule, and/or cancel camp sessions.
- A confirmation packet will be mailed to all registrants once class has made.
- If you are becoming a member or renewing your membership, please include a membership form with separate payment
- Member rates are not applicable to Dallas Museum of Nature & Science Members.

Payment Information

CURRENT MUSEUM MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO				PRIMARY MEMBERSHIP NAME
MEMBERSHIP EXPIRES (MM/YY)				
CHECK #	VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AM/EX <input type="checkbox"/>	NAME ON CARD
CARD NUMBER				EXPIRATION

Medical Information Must be updated annually

CHILD'S PHYSICIAN			PHYSICIAN'S PHONE		
INSURANCE COMPANY			INSURANCE POLICY NUMBER		
If parent/guardian named above is not available in the event of an emergency, notify:					
EMERGENCY CONTACT #1	CONTACT NAME			RELATIONSHIP TO CHILD	
	HOME PHONE	BUSINESS PHONE		CELL PHONE	
EMERGENCY CONTACT #2	CONTACT NAME			RELATIONSHIP TO CHILD	
	HOME PHONE	BUSINESS PHONE		CELL PHONE	
Check all items that apply, past or present, to child's health history. Explain any "yes" answers.					
ALLERGIES: Food, medicines, insects, plants		YES []	NO []	Explain:	
GENERAL INFORMATION:					
	Yes	No		Yes	No
ADHD	[]	[]	Convulsions/Seizures	[]	[]
Asthma	[]	[]	Diabetes	[]	[]
Cancer/Leukemia	[]	[]	Heart Trouble	[]	[]
			Hemophilia	[]	[]
			High Blood Pressure	[]	[]
			Kidney Disease	[]	[]
Explain:					
List any medications to be taken at camp:					
List any physical or behavioral conditions that may affect or limit full participation in hiking or playing strenuous physical games:					
IMMUNIZATION HISTORY: Your child's immunization history is required for admission into The Heard's Education Programs. Incomplete information will not be accepted. Please attach a copy of your child's shot record to this form.					

By my signature, I certify that the above information is true and correct to the best of my knowledge. The Heard Natural Science Museum & Wildlife Sanctuary has my authorization to obtain necessary medical and/or surgical treatment in the case of illness, accident, or any emergency situation that may arise, and I am unable to be reached at the time of such emergency. I agree that in no event will The Heard Natural Science Museum & Wildlife Sanctuary be held liable for any injuries, accidents, or losses suffered by my child while participating in any supervised educational classes/programs and that The Heard is hereby released from liability.

Parent/Guardian Signature _____ Date _____