

2010 Summer Camp Registration & Medical Record Form

Mail complete application to: Heard Museum, Attn: Summer Camp Registration
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	<input type="checkbox"/> 5 year olds \$75 non-members / \$75 members <input type="checkbox"/> Extended day activities to 2pm, add \$75/session <input type="checkbox"/> After camp care, add \$75/session <input type="checkbox"/> 6-7 year olds <input type="checkbox"/> 8-9 year olds \$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"/> 10-12 year olds \$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 \$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 \$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 \$185 non-members / \$160 members <input type="checkbox"/> Extended day activities to 2pm, add \$75/session <input type="checkbox"/> After camp care, add \$75/session	\$ _____
Garden Camp <input type="checkbox"/>		\$ _____
Summer Camp T-shirt ___@ \$ Youth ___@ \$ Adult	<i>Order deadline May 4. Availability not guaranteed afterwards.</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 4. Availability not guaranteed afterwards.</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 a 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"/>	CARD NUMBER
NAME ON CARD				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:
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GENERAL INFORMATION:

ADHD	Yes	No	Convulsions/Seizures	Yes	No	Hemophilia	Yes	No
Asthma	[]	[]	Diabetes	[]	[]	High Blood Pressure	[]	[]
Cancer/Leukemia	[]	[]	Heart Trouble	[]	[]	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 _____