



2018 Morris Arboretum Camp Registration

***Parents: Please follow these steps to complete your child’s registration**

1. Register on-line through the Morris Arboretum website.
2. Save your confirmation email for tax purposes.
3. Email (preferred), fax, or mail this packet to complete your child’s registration

Child’s Name: _____ Date of Birth: _____

Age (at start of camp date): _____ Grade (Sept. 2018): _____

School: _____ T-Shirt Size (Circle): Small Medium Large

Please CIRCLE one or more registered week(s):

Little Lightning Bugs (ages 4 to 5) Dates

Crafty Tree Tots	June 25 th - 29 th
Critter Camp	July 2 nd - 6 th
Super <i>STEAM</i> Science	July 9 th -13 th
Reptiles, Raptors, & Rainbows	July 16 th -20 th
Arthropod Adventures	July 23 rd -27 th
Art, Clay, Nature Play	July 30 th -3 rd

Please CIRCLE one or more registered week(s):

Bloomfield Buddies (ages 6 to 10) Dates

Chemistry, Spells, and Potions	June 25 th - 29 th
Full <i>STEAM</i> Ahead!	July 2 nd - 6 th
Bloomfield Bug Fest	July 9 th -13 th
Eagle Eye Raptor Rangers	July 16 th -20 th
Painting, Poet-tree Plant Party	July 23 rd -27 th
Nature Ninja Water Warriors	July 30 th -3 rd

****Is nature camp right for your child?*****

We are an outdoor nature camp. We spend the majority of our time outside in nature—not in air conditioning. Our campers hike and navigate uneven terrains throughout the Arboretum grounds. Safety is our number one priority, however, injuries can occur at any time. Children encounter bees, biting insects, slippery terrains, and tree roots, which all can pose as hazards. Together as a group, we enjoy fun-physical activities under careful supervision of by Arboretum education staff, who are trained classroom teachers. Along with the guidance of educators, our campers must listen carefully to directions, stay with the group at all times, adhere to camp rules and take accountability for their own safety. Please see Parent Handbook for more information about our camp and rules.



Name of Parent/Guardian(s): _____

Cell Phone: _____ Alternate Phone: _____

Address: _____

City/State/Zip: _____

Email (s): _____

Pick Up & Drop Off

I, _____ (Parent/Guardian), only authorize (List two):

1. Name: _____ Phone _____

2. Name: _____ Phone _____

Emergency Contact Information

In the event of an emergency, the parent/guardian(s) listed on the Registration Form will be notified first. Please list additional emergency contacts below in case we cannot reach you.

1. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

3. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

Please tell us anything that we should know about your child:

Are you a member of the Morris Arboretum? Yes No



*****A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED*****

Insurance Information: Is your child covered by a health insurance plan? Y _____ N _____

Name of subscriber: _____

Relationship to Child: _____

Name of insurance provider: _____

Policy #: _____

VI. Medical Information

Does the child have any allergies, medical conditions, or special needs? Y _____ N _____

Please Specify: _____

Can your child participate in hiking trips in the Arboretum on rocky terrain? Y _____ N _____

Does your child require a wrap-around or special assistance in school? Y _____ N _____

Please Explain:

Is your child currently taking any prescription medication? Y _____ N _____

Please specify: _____

Child's Physician: _____ Phone: _____

Authorization for Medical Treatment of a Minor

I, _____ (Parent/Guardian), hereby authorize representatives of Summer Adventure Camp and the Morris Arboretum of the University of Pennsylvania to seek emergency treatment for _____ (Child's name), including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as the child is participating in Summer Adventure Camp.

Exceptions: (if none, write "none")

I, _____ (Parent/Guardian), consent to the administration of the following to _____ (Child's name) if necessary:

(Please circle) sunscreen insect repellent Tylenol Benadryl

Signature: _____

Print Name: _____



Parent Permission and Release from Liability

My child, _____, is participating in one or more of the Summer Adventure Camp sessions being held at the Morris Arboretum of the University of Pennsylvania. I hereby grant permission for my child to participate in this camp and all camp activities. In consideration for my child's participation, the sufficiency of which I hereby acknowledge, I agree as follows:

1. I have carefully read and understand the Parent's Guide to Summer Adventure Camp (available at www.morrisarboretum.org), which includes important information regarding pick-up and drop-off policies, behavioral expectations of campers, and registration and cancellation policies, and I agree that my child and I will follow camp policies.
2. I acknowledge that the activities in which my child will participate may expose my child to significant risks, including the risk of serious bodily injury or death. I understand that the description of these risks is not complete and that known or unanticipated risks may result in injury, illness or economic loss. I agree to assume full responsibility for all risks associated with my child's participation in the Summer Adventure Camp and I agree to hold harmless, release and forever discharge the Trustees of the University of Pennsylvania (including the Morris Arboretum) and its trustees, officers, employees and agents from any and all claims, demands and causes of action of whatever kind that I and/or my child may have, including, but not limited to, those related to illness, bodily injury, death, loss of personal property or other economic losses arising from or connected with my child's participation in the Summer Adventure Camp. I also agree that the University of Pennsylvania shall not have any responsibility for the negligence or misconduct of me or my child.
3. By signing below, I certify that I am the parent or legal guardian of the child named above and that I have carefully read and understand this Parent Permission and Release from Liability and am signing it voluntarily with the intent to legally bind me and my child.

Signature: _____

Date: _____

Print Name: _____

Date: _____

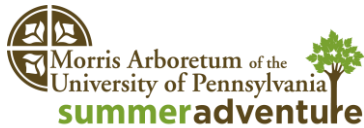


Photo / Video Authorization and Release Form

By signing this release, I agree to the following:

The Morris Arboretum of the University of Pennsylvania may record or otherwise tape and/or photograph me, and/or my property in connection with my participation in events hosted by the Morris Arboretum of the University of Pennsylvania and to use the recordings or photographs of me for publication and/or public viewing. If the subject of this Authorization and Release is a minor, the parent or legal guardian of the minor agrees to the terms set forth herein on behalf of the minor by signing below.

I hereby agree to allow the Morris Arboretum of the University of Pennsylvania and any of its authorized agents or contractors to record, video and/or photograph my likeness and voice. I understand that any such recording, videotape and/or photograph belongs to Morris Arboretum of the University of Pennsylvania and that I will not receive any payment or other compensation in connection with such recording, video or photograph. I also consent to being interviewed and I authorize the use of any information disclosed during such interview.

I hereby give Morris Arboretum of the University of Pennsylvania, its employees, agents, successors, assigns, and those acting with its permission or on its behalf, the right and permission to use, copyright, publish, republish and distribute any such recording, video or photograph of me. I understand that said recording, video, photograph or interview (i) may be used in any media, including reproductions on the World Wide Web, (ii) may include the use of any printed or electronic matter in conjunction with such use; and may be used in connection with any efforts publicizing, promoting or otherwise directly related to the objectives of Morris Arboretum of the University of Pennsylvania.

I agree that personal satisfaction is sufficient consideration for this authorization and release and I waive any payments, royalties or other compensation. I also waive the right to inspect or approve the completed video, photographs or the materials in which they appear. Intending to be legally bound, for myself, and my respective heirs and assigns, I hereby release Morris Arboretum of the University of Pennsylvania and the University of Pennsylvania, and their respective trustees, officers, employees, agents and assigns, and waive any and all claims or demands that I may have against any of them for damages or remuneration in connection with the use of my likeness in the manner and for the purposes described in this authorization and release.

Name of Subject (please print): _____

Signature: _____ Date: _____

Parent Signature for minors under the age of 18: _____

Please email this packet with a copy of the front and back of your insurance card to: Tiffany Stahl; tifstahl@upenn.edu ; Fax: 215-247-2192