

# Hiram College Nature Camps

## Registration Form

A complete Registration Form is required for **each** participant. **Please print in ink or type only. Fill in all sections.** This form may be copied for additional registrations. Payment, in full, must accompany this form. Fax registrations must include credit card payment information. Return to Hiram College.

**Please select the camp option(s) of your choice:**

<b>BioBuddies</b> (ages 3-4) Choose one or two sessions <input type="checkbox"/> <b>July 5-9</b> (9:30-11:00am) <input type="checkbox"/> <b>August 9-13</b> (9:30-11:00am) Cost \$40 per session (\$35 per session for members of the Friends of the Field Station, Hiram College faculty, staff)	<b>Half-Day Hikers</b> (ages 5-7) Choose one session <input type="checkbox"/> <b>July 5-9</b> (9:00am-Noon) <input type="checkbox"/> <b>August 9-13</b> (9:00am-Noon) Cost \$75 (\$65 for members of the Friends of the Field Station, Hiram College faculty, staff)	<b>Nature Explorers</b> (ages 8-10) Choose one session <input type="checkbox"/> <b>July 9-13</b> (9:00am-3:30pm) <input type="checkbox"/> <b>August 9-13</b> (9:00am-3:30pm) Cost \$140 (\$125 for members of the Friends of the Field Station, Hiram College faculty, staff)
<b>Adventure Naturalists</b> (ages 11-13) <input type="checkbox"/> <b>June 28-July 2</b> (9:00am-4:00pm, overnight on 1 <sup>st</sup> , camp ends 9:00am on 2 <sup>nd</sup> ) Cost \$140 (\$125 for members of the Friends of the Field Station, Hiram College faculty, staff)	<b>Family Nature Camp</b> (all ages) <input type="checkbox"/> <b>July 11 &amp; 12</b> (Sunday 2:00-9:00pm, Monday 9:00am-2:00pm) Cost \$60 – includes cookout supper and picnic lunch (\$50 for members of the Friends of the Field Station, Hiram College faculty, staff)	

Confirmation of payment and enrollment will be sent via e-mail. Please provide a current e-mail address for this purpose.

I do not have e-mail (please send confirmations to the address provided below).

\_\_\_\_\_

child's name

\_\_\_\_\_

name of parent or legal guardian

\_\_\_\_\_

child's birth date

\_\_\_\_\_

address

\_\_\_\_\_

city

\_\_\_\_\_

state

\_\_\_\_\_

zip code

\_\_\_\_\_

daytime phone

\_\_\_\_\_

cell phone

\_\_\_\_\_

emergency contact person in case parent cannot be reached

\_\_\_\_\_

emergency contact phone number

\_\_\_\_\_

list two (2) other people who have permission to pick up your child at the end of the day (only those people on this list will be permitted to pick up your child and they must show a drivers license)

## Payment Information

- Payment in full must accompany this registration form.
- Multi-child discount: for each additional registration, save \$10.
- A cancellation fee of \$50 applies after June 1.

Enclosed is a check or money order, payable to: **Hiram College**

For online E-check or Credit Card payment (MasterCard, AmEx, Discover), visit [www.hiram.edu/summerathiram/](http://www.hiram.edu/summerathiram/)

## Release for Participation in Camp Programs

To be completed by parent(s) or guardian(s)

I/We, the undersigned, individually and as parent(s) and/or guardian(s) of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in the Hiram College Nature Camp. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless Hiram College, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving said minor arising out of the minor's participation in Hiram College Nature Camp. Additionally, I/we authorize Hiram College to photograph, videotape, and/audiotape my/our child in promotion of Hiram College's summer youth programs.

\_\_\_\_\_  
mother's / guardian signature

\_\_\_\_\_  
father's / guardian signature

## Emergency Medical Information

In the event of an emergency, we need to have certain information easily accessible. This form must be completed in order to participate. Physical conditions that the clinician should be aware of (allergies, recurring illness, disabilities, chronic illness, etc.):

\_\_\_\_\_  
List all medications currently taking:

*Hiram College instructors and supervisors will not dispense over-the-counter or prescription medications to participants. Participants will be allowed to possess and take over-the-counter and prescription medications on their own if permission is granted in writing by the parent(s) or guardian(s). Both over-the-counter and prescription medications must be in their original containers and listed above.*

\_\_\_\_\_  
name of emergency contact

\_\_\_\_\_  
phone

\_\_\_\_\_  
name of family physician

\_\_\_\_\_  
phone

\_\_\_\_\_  
dentist's name

\_\_\_\_\_  
phone

\_\_\_\_\_  
preferred hospital

\_\_\_\_\_  
phone

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-mentioned doctor/dentist or, in the event the designated practitioner is not available, by any other licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or, any hospital reasonably accessible.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the youth program.

\_\_\_\_\_  
parent's or guardian's name

\_\_\_\_\_  
parent's or guardian's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
insurance company

\_\_\_\_\_  
insurance company address

\_\_\_\_\_  
city

\_\_\_\_\_  
state

\_\_\_\_\_  
zip code

\_\_\_\_\_  
policy subscriber's name

\_\_\_\_\_  
policy number

\_\_\_\_\_  
group number

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider.

\_\_\_\_\_  
parent's or guardian's signature

### SEND REGISTRATION FORM TO:

Hiram College Center for Science Education  
Attention Matt Sorrick  
P.O. Box 67  
Hiram, Ohio 44234

Phone: 330.569.6003

Fax: 330.569.5448

Email: [sorrickmw@hiram.edu](mailto:sorrickmw@hiram.edu)