

Hiram College Camps



Call 330.569.6003 Email sorrickmw@hiram.edu

Visit www.hiram.edu/summerathiram/

Hiram Summer Youth Art June 11-15, 2018	Fee
<input type="checkbox"/> Preschool Art Adventure (9:15-10:00am) • For ages 3-4 with adult	\$30
<input type="checkbox"/> Elementary Art Exploration (9:00-10:15am) • For students entering grades K-2	\$45
<input type="checkbox"/> Intermediate Art Skills (10:30am-Noon) • For students entering grades 3-5)	\$55
<input type="checkbox"/> Art for Older Kids (1:00-3:00pm) • For students entering grades 6-9	\$65

Email, Mail or Fax Registration to:
 Matt Sorrick (sorrickmw@hiram.edu)
 Hiram College, Center for Science Education
 P.O. Box 67, Hiram, Ohio 44234
 Fax: 330.569.5448

Hiram College Nature Camps	Times & Dates	Fee
BioBuddies (ages 3-4) <input type="checkbox"/> Session 1 (9:30-11:00am) <input type="checkbox"/> Session 2 (9:30-11:00am)	June 25-29 July 23-27	\$45
Half-Day Hikers (ages 5-7) <input type="checkbox"/> Session 1 (9:00am-Noon) <input type="checkbox"/> Session 2 (9:00am-Noon)	June 25-29 July 23-27	\$85
Nature Explorers (ages 8-10) <input type="checkbox"/> Session 1 (9:00am-3:30pm) <input type="checkbox"/> Session 2 (9:00am-3:30pm)	June 25-29 July 23-27	\$150
Adventure Naturalists <input type="checkbox"/> History Rocks (ages 11-15) <input type="checkbox"/> Runnin' the River (ages 13-17)	9:00am-5:00pm July 1-3 July 5-7	\$140 \$165

Child Contact Information

Child's Name	Gender	Date of Birth
	Male Female	
Home Address	City	State / Zip Code
School Child Attends	Entering Grade	Past Camp Participant?
		Yes No
Parent / Legal Guardian Name	Home Phone	Cell Phone
Email	Secondary Phone	

Emergency Contact

Emergency Contact Person (first call)	Emergency Contact Phone
Emergency Contact Person (second call)	Emergency Contact Phone

Pick Up Permission

List two (2) other people with permission to pick up your child. Only people listed will be permitted to pick up your child (they must show a driver's license).

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Payment Information

Payment in full must accompany registration. A \$40 cancellation fee applies after June 1. Multi-child discount (save \$10 for each additional registration). Check or money order, payable to: Hiram College. For information, phone 330.569.6003 or email sorrickmw@hiram.edu.

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 / Art 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 an 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 / Art 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.

Emergency Contact

Phone

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

Parent / Guardian

Signature

Date

Insurance Company

Insurance Company Address

City

State

Zip

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 medical care provider.

Parent's / guardian's signature

Date