

# Hiram College Camps



Call 330.569.6003

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

Visit [www.hiram.edu/summerathiram/](http://www.hiram.edu/summerathiram/)

Hiram Summer Youth Art July 10-14, 2017	Fee
<input type="checkbox"/> <b>Preschool Art Adventure</b> (ages 3-4 with adult) <input type="checkbox"/> 9:15-10:00am	\$25
<input type="checkbox"/> <b>Elementary Art Exploration</b> (entering gr. K-2) <input type="checkbox"/> 9:00-10:15am	\$45
<input type="checkbox"/> <b>Intermediate Art Skills</b> (entering gr. 3-5) • 10:30-Noon	\$55
<input type="checkbox"/> <b>Art for Older Kids</b> (entering gr. 6-9) <input type="checkbox"/> 1:00-3:00pm	\$65

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

Hiram College Nature Camps	Ages	Dates	Fee
<b>BioBuddies</b> <input type="checkbox"/> Session 1 (9:30-11:00am) <input type="checkbox"/> Session 2 (9:30-11:00am)	3-4 with adult	June 26-30 July 31-Aug 4	\$45
<b>Half-Day Hikers</b> <input type="checkbox"/> Session 1 (9:00am-Noon) <input type="checkbox"/> Session 2 (9:00am-Noon)	5-7	June 26-30 July 31-Aug 4	\$85
<b>Nature Explorers</b> <input type="checkbox"/> Session 1 (9:00am-3:30pm) <input type="checkbox"/> Session 2 (9:00am-3:30pm)	8-10	June 26-30 July 31-Aug 4	\$150
<b>Field Ecology Research</b> Register at: <a href="http://www.hiram.edu/summerathiram/">www.hiram.edu/summerathiram/</a>	High School	June 18-24 Overnight	\$525
<b>Lead Connect Achieve</b> Register at: <a href="http://www.hiram.edu/summerathiram/">www.hiram.edu/summerathiram/</a>	High School	July 16-22 Overnight travel trip	\$570

## Child Contact Information

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

## Emergency Contact

<b>Emergency Contact Person (first call)</b>	<b>Emergency Contact Phone</b>
<b>Emergency Contact Person (second call)</b>	<b>Emergency Contact Phone</b>

## 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). Phone 330.569.6003 or email [sorrickmw@hiram.edu](mailto:sorrickmw@hiram.edu).

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

## 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 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. 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