



**THE PEGGY NOTEBAERT
NATURE MUSEUM**

The Museum of the Chicago Academy of Sciences

Nature Museum Summer Camps

Camp Emergency Release Form... page 1 of 3

This form must be completed for each camper.
Completed emergency release forms must accompany registration form.

Child's name: _____

Age: _____ **Birth Date:** _____ / _____ / _____

T-Shirt Size: (circle one) XS(2-4) S(6-8) M(10-12) L (14-16) **Total number of shirts:** _____

(Campers will receive one free t-shirt per camp session. Additional T-shirts can be purchased prior to camp for \$10 each)

Check camp session(s) attending:

- | | | |
|---|---|---|
| Age 4: <input type="checkbox"/> Nature Detectives
(June 21 – July 1) | Age 5-6: <input type="checkbox"/> City Critters
(July 5 – July 16) | Age 7-8: <input type="checkbox"/> Wild Waterways
(July 5 – July 16) |
| <input type="checkbox"/> Nature Explorers
(July 19 – July 30) | <input type="checkbox"/> Reptiles & Amphibians
(July 19 – July 30) | <input type="checkbox"/> Nature's Neighborhoods
(August 2 – August 13) |
| Age 9-10: <input type="checkbox"/> Green City Kids
(June 21- July 1) | <input type="checkbox"/> Insects & Bugs
(August 2 – August 13) | |

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Contact Information of Parent(s) or Guardian(s):

Name: _____ Daytime #: (_____) _____

Email: _____ Home #: (_____) _____

Cell #: (_____) _____

Name: _____ Daytime #: (_____) _____

Email: _____ Home #: (_____) _____

Cell #: (_____) _____

Alternate person to contact in case of emergency:

Name: _____ Daytime #: (_____) _____

Relationship: _____ Cell #: (_____) _____



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Pick-up People List:

Name: _____

Daytime #: (_____) _____

Relationship: _____

Cell #: (_____) _____

Name: _____

Daytime #: (_____) _____

Relationship: _____

Cell #: (_____) _____

If you would like your camper to be picked up by someone other than those designated on the above list, please provide written consent with your camper's and the adult's name (by the morning of the pick up.)

Health, Allergy, or Dietary Concerns:

Does your child have any current health conditions that we should know about?

Yes No If yes, please describe...

Does your child have any physical limitations? Yes No If yes, please describe...

Does your child have any allergies or require medication? Yes No If yes, please describe...

Does your child have any special dietary requirements? Yes No If yes, please describe...

Does your child have any particular fears? (Especially dogs, insects, or other animals that may be encountered in or around the Museum.) Yes No If yes, please describe...

Pre-Camp Orientation: (Further information is available on the website at naturemuseum.org. Attendance required for new camp families.)

- I will be attending the Pre-Camp Open House on Thursday, June 10, 2010.
- I will not be able to attend the Pre-Camp Open House on Thursday, June 10, 2010.



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Camp Requests:

If you would like your child to be placed in a group with another camper, please write the name of that camper:

Other requests:

PLEASE READ AND SIGN THE FOLLOWING

- I understand that there are certain risks inherent in the types of activities in which my child will be participating. I hereby waive all claims against the Peggy Notebaert Nature Museum and the Chicago Academy of Sciences, its employees, officers and directors, along with the Chicago Park District, which may arise in connection with any injury or illness of your child.
- I understand that video production and/or photography may be conducted during camp. I fully grant to the Notebaert Nature Museum and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, or otherwise use my child's photographic likeness and irrevocably consent thereto.
- In case of a medical emergency, I hereby authorize my child to be treated at the nearest hospital in the event that I, or the alternate emergency contacts, cannot be reached. Also, it is understood that neither medical nor health insurance coverage is supplied by the Notebaert Nature Museum and that the participant is responsible for all insurance coverage.

Child's name

Signature of Parent or Legal Guardian

Date