



2018 Summer Camp Parent Form

Bowman's Hill Wildflower Preserve

Mailing: P.O. Box 685, 1635 River Rd., New Hope, PA 18938

Phone: (215)862-2924

Email: joslin@bhwp.org

Please complete and sign this form and return it to Bowman's Hill Wildflower Preserve to finish your registration.

- Please complete form, sign and return via email, postal mail or drop off at the Preserve.
- Form must be turned in before the first day of camp begins.
- One form per child, please. You may photocopy this form or download at www.bhwp.org
- Completed form is kept on file with staff while camp is in session.

SESSION

Nature Adventures (July 24-27, 2018 for Ages 9-12)

CAMPER INFORMATION

Child's Name: _____ Nickname (if any) _____

Street Address _____

City & Zip _____

Home Phone _____

Birthdate (m/d/yr) _____ Age ____ Gender: F M Entering Grade Level ____

Parent Name _____ Daytime Phone _____

Parent Name _____ Daytime Phone _____

Parent Email _____

If neither parent is available, contact: Emergency Contact Name _____

Relationship _____ Phone _____

Doctor's Name _____ Phone _____

Allergies, medications, food restrictions, physical limitations, or additional medical information: _____

Any other comments about your child or things we should know: _____

EMERGENCY RELEASE

In the event of an emergency, I give permission for the staff of the Bowman's Hill Wildflower Preserve to administer first aid and/or obtain emergency medical treatment for my child. I understand that efforts will be made to contact me and/or my emergency contact. I understand that if necessary, this child will be transported by ambulance to the nearest hospital. I agree that any cost incurred for any transportation and/or treatment will be my responsibility.

Parent Signature _____

Date _____

PHOTO RELEASE

I ~~GIVE~~ DO NOT GIVE permission for my child to be photographed for publications and other materials produced by or about the Bowman's Hill Wildflower Preserve. Publications may include area newspapers and in-house publications.

Parent Signature _____

Date _____