



Summer Wetland Explorers Program

Camper Information:

Camper Name: _____ Date of Birth: _____

Grade they will be entering in the fall (*circle one*): Kinder 1st 2nd 3rd 4th 5th 6th 7th

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____ City: _____ ZIP: _____

Email Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Alternate Emergency Contact:

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Week of Summer Program (check one):

Week	Grades	Date	Member (\$260)	Non-Member (\$300)	Friends & Family Special (\$260)*
Junior Summer Wetland Explorers Program (2021)	K-3	June 27 – July 01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Summer Wetland Explorers Program (2021)	4-7	July 11 – July 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Friends & Family Special applies if you apply more than one (1) wetland explorer to the program. First wetland explorer is \$300, and all subsequent wetland explorers are \$260.

Extended Care Program:

- \$50 --- Early Dropoff or Late Pickup \$75 --- Early Dropoff and Late Pickup

Total: \$ _____

How did you hear about the Summer Wetland Explorers Program?

Payment:

Register by mail or in person at our Interpretive Center by credit card or check. If registering by mail, please **call first** to ensure availability.

1. Make check for full amount due payable to the BOLSA CHICA CONSERVANCY **or** 2. Fill out the credit card info below:

Credit Card:

Name: _____

CC Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Type (Circle One): Visa MasterCard American Express Discover

Credit Card Number: _____

Exp. Date: _____ CVV Code: _____

Name on Card: _____

Authorized Signature: _____

Cancellations:

A refund (minus a \$25.00 cancellation fee) will be given for cancellations received at least 2 weeks prior to the start date of your session. No refunds will be given after this period.

For more Information

Contact: Whitney Thompson

Email: whitney@bolsachica.org

Phone: (714)846-1114

MEDICAL AUTHORIZATION

_____ M F ____/____/____
Child's Last Name Child's First Name Circle One Birth Date School Attending

We (I) are (am) aware and acknowledge that any Bolsa Chica Conservancy program, activity, by its very nature, possess the potential risk of injury/illness to the individuals who participate. For, and in consideration of the opportunity for our (my) child/ward to participate in the Bolsa Chica Conservancy program activities, we (I) do hereby agree as follows:

1. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
2. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for our (my) child/ward, including all charges not covered by insurance.
3. To indemnify and hold harmless the Bolsa Chica Conservancy, its officers, employees, agents, representatives and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt or damage which may arise by, or in connection with, or result from, any routine and/or emergency medical services, and participation of our (my) child/ward in any Bolsa Chica Conservancy Program activity.
4. Our (my) child/ward is allergic to the following foods and materials: _____
5. Our (my) child/ward is allergic to the following medications: _____
7. Does your child/ward have a special medical condition, special need, and/or physical disability diagnosed by a physician? No _____ Yes _____ *If yes, a description of that medical condition, special need, and/or physical disability is described as follows:*

If treatment is needed, please specify: _____

8. Does your child/ward receive any special services or is accompanied by a specialist or an assigned aide during the time he/she is in school or school related activities? No _____ Yes _____ *If yes, a description of the special service(s) is described as follows:*

9. All medications taken by your child/ward while participating in the Bolsa Chica Conservancy's Program must be prescribed by a licensed physician.

10. List any medications that your child/ward must take while participating in the Bolsa Chica Conservancy's Program. I attest the following medical disclosure is truthful and complete, and I authorize the Bolsa Chica Conservancy staff to assist my child with self-administration of the following medications: *Name of Medication(s) Dosage(s) Reason(s) for Medication(s)*

INSURANCE INFORMATION

If insured, complete the insurance section below, and it is mandatory that you attach a copy of your insurance card to your completed form. Is your child covered by insurance? Yes [] No []

Insurance Company's Name: _____

Policyholder's Name: _____

Policy Number: _____

The questions above have been answered completely and truthfully to the best of my knowledge.

Parent Signature: _____ Date: _____

We (I) acknowledge that we (I) have read this Authorization Form and we (I) understand and agree to its terms.

_____/____/____
Print Name(s) Parent(s)/Guardian(s)/Caregiver(s) Signature(s) Date Signed

_____(____)_____(____)_____(____)_____
Home Address Home Phone Work Phone Cell Phone

BOLSA CHICA WETLANDS SUMMER DAY CAMP 2014
Enrollment Agreement Terms and Conditions

Release and Waiver

We (hereafter called "Undersigned") have full custody of the student listed below (hereafter called "Student"), a minor. In consideration for permitting the Student to participate in the Bolsa Chica Summer Day Camp (hereafter called "Activity") the Undersigned voluntarily release, discharge, waiver, relinquish all claims, and covenant not to sue the Bolsa Chica Conservancy (hereafter called "Conservancy"), California State Lands Commission (hereafter called "SLC"), and the California Department of Fish and Wildlife (hereafter called "DFW"), its directors, officers, agents and employees, from all liability to the Undersigned or the Student and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the Undersigned or the Student whether caused by the negligence of the Conservancy, SLC, DFW or otherwise while the Student or the Undersigned are engaged in the above-named Activity.

The Student and the Undersigned hereby assume full responsibility for and risk of bodily injury, death or property damage to the Student and the Undersigned due to negligence of the Conservancy, its directors and employees while the Student and the Undersigned are engaged in the above-named Activity.

The Undersigned further expressly agrees that the foregoing Release and Waiver is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Consent to Photograph, Video, or Audiotape

I hereby consent to authorize the use and reproduction by the Conservancy of images of my child in the Conservancy's publications, on the website, and in other advertising media.

Permission to Participate

I hereby give my full consent and permission for my child to participate in all recreational, academic, and physical activities offered by the Conservancy. My child is in good health and physically fit and has not been advised by a health care provider not to participate in physical activities, except as disclosed to the Conservancy on my child's medical authorization form.

Student Name *(Please Print)*

Parent or Guardian Name *(Please Print)*

Parent or Guardian Signature

Date