

# Summer Camp Registration Form (For use if mailing or faxing form.)

Person Completing Form: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_ OK to receive Email from us?:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Camp Title: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care\* AM  PM   
 Camp Title: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care\* AM  PM   
 Camp Title: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care\* AM  PM   
 Camp Title: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care\* AM  PM   
 Camp Title: \_\_\_\_\_ Code: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Ext. Care\* AM  PM

For additional registrants, attach additional pages to this form.

(Extended care options for Abbott's Mill, Ashland and DEEC locations only)

**Confidential Medical & Required Emergency Information:** Please list any medications, allergies, physical disabilities or restrictions that the instructors should know about: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

My child's physician's name & phone #: \_\_\_\_\_  
 \_\_\_\_\_

My child's medical insurance is: \_\_\_\_\_  
 Policy #: \_\_\_\_\_

Yes  No: In case of emergency, I give permission to have my child(ren), \_\_\_\_\_ receive first aid and be transported to the nearest hospital by professional, emergency personnel. I understand I will be financially responsible for the cost of such treatment.

(parent/guardian signature) \_\_\_\_\_ date \_\_\_\_\_

**Not a Member? Sign up below and save on camp fees:**

- Household \$55  Household Plus \$85  Protector \$150
- Patron \$500  Guardian \$1000+

**Full Names of all Household Members:**

Adult: \_\_\_\_\_ Email: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Adult: \_\_\_\_\_ Email: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
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 Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Payment Information (Extended care options for Abbott's Mill, Ashland and DEEC locations only)**

Enclosed for camps: \$ \_\_\_\_\_, Ext. Care: \$ \_\_\_\_\_ Membership \$ \_\_\_\_\_ Total enclosed: \$ \_\_\_\_\_ Days requiring Extended Care: M T W TH F ALL

Payment:  Check (payable to Delaware Nature Society) Credit Card:  Visa  Mastercard  Discover  American Express

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/yy) 3-digit Security Code (from back of the card) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_