



**Great Swamp Conservancy
Junior Swampers Camp 2024
REGISTRATION FORM – Please fill out one form per child**

Child's Full Name: _____ **Nick Name:** _____
Date of Birth: _____ **M / F (circle)** **Grade in Fall '24:** _____ **School:** _____
Street Address: _____ **City, State, Zip:** _____

Parent/Legal Guardian: _____ **Email address:** _____
Daytime Phone #: _____ **Cell phone #:** _____

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Daytime Phone #: _____ **Cell phone #:** _____

How did you hear about this program: _____

MEDICAL INFORMATION AND RELEASES

Any **allergies/health/behavioral concerns** we should know about? _____

Insurance information: Insurance Company: _____
 Phone: _____ Policy Holder: _____ Policy ID: _____

Physician Information: Name of Physician: _____ Phone: _____
 Address: _____ Date of last health exam: _____

Medication Information: Any Prescribed medication being taken? No Yes: Inhaler EpiPen Other
 Name of medication, reason, dosage, and frequency: _____

- This health history is correct, so far as I know, and the child herein described has permission to engage in all activities at the Great Swamp Conservancy's Junior Swampers Program

_____ I give consent for the Great Swamp Conservancy, Inc. (GSC) to use images of my participating child for the *(Initials)* sole purpose of promoting the GSC through publications, educational materials, its website, and social media and waive any rights of, compensation for, or ownership to, said images. *(GSC will provide you with digital copy of photos upon request)*

- **EMERGENCY CONTACTS:** (In the event that parents/guardian cannot be reached)

Name: _____ Relationship to child: _____ Phone: _____

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_____ I give my consent for **(adult's name)** _____ to pick up my child from GSC's Junior Swampers Program.

_____ My child has permission to apply sun screen and bug spray. We do not supply the product, please send with your child and we will remind them to reapply and help if needed.

EMERGENCY MEDICAL AUTHORIZATION: Should a medical emergency arise during my child's participation in GSC's Juniors Swampers Camp, I understand that reasonable effort will be made to contact me and my designated alternative(s) (other parents/guardians/emergency contacts) at the phone numbers I have listed above. If it is believed that my above named child's life or health may be adversely affected by the delay that an attempt to contact me and my designated alternatives would case, I consent to the transportation of said child by ambulance to the nearest medical emergency facility and to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility, and the immediate administration of life sustaining measures deemed necessary under the circumstances.

Signature of Parent/Guardian: _____ **Date:** _____

For youth going into Grades 1-2: August 6-9th, 10-3pm. For youth going into Grades 3-4: August 13-16th, 10-3pm
 Price: \$150 per child, \$125 for members, Multi Child: 2nd child \$5 off; 3rd child \$10 off
 Please mail or drop off completed form and payment as soon as possible, limited spots:
 Great Swamp Conservancy, Inc.
 8375 N. Main Street Canastota, NY 13032