

Florida Museum of Natural History **SUMMER CAMPS** Registration Form

Visit www.flmnh.ufl.edu/summer-camps to download a pdf form or to register online.

CAMPER INFORMATION

Camper's Name _____
 Parent or Guardian's Name (if under 18) _____
 Address _____
 City _____ State _____ ZIP _____
 Home Phone _____ Other Phone _____
 Email _____
 How did you hear about the camps? _____
 Are you a member? Yes No Member # _____

Child's Date of Birth _____ Child's Grade* _____

Person(s) authorized to pickup your child from the Museum

Emergency Contact's Name _____
 Phone _____

Medical conditions, allergies and medications _____

Family Physician's Name _____
 Phone _____

For a member discount on camp fees and to be eligible for early registration, membership must be at the Household level or higher and current for this membership year. Please contact the membership coordinator at 352-273-2047 for more information.

A refund (minus an administrative fee per camp) will be issued if a written cancellation request is received no less than 10 working days prior to the beginning of a camp. Refunds will not be given for weather-related cancellations.

* For camps during the school year, please indicate current grade.
 For summer camps, please indicate grade for the upcoming school year.

CAMP SELECTION

Permission Release Statement

I have read the description of the camp(s) and find them acceptable to my child's participation. In addition, my child has permission to participate in the field trips when applicable. Recognizing the educational benefits of this program to my child and acknowledging that it is completely voluntary, I his/her parent/guardian, do hereby covenant with the University of Florida that I will never sue or bring any legal action or proceedings against the Florida Board of Education, the Florida Museum of Natural History, the University of Florida, or their agents or employees, the owner(s) of any real property visited and the drivers of the transporting vehicles for any amount in excess of their automobile insurance coverage for or on account of any injury or damage sustained by virtue of or arising out of the field trips. I would be protected through the driver's regular medical and liability coverage to its limitations only.

- I authorize the Florida Museum of Natural History to arrange any necessary emergency treatment in the event that I cannot be reached.
 I authorize the Florida Museum of Natural History to photograph and videotape my child and to utilize these images for promotional purposes.

Disclaimer: The Florida Museum of Natural History does not consider itself to be nor hold itself out as a dependent care center for the purposes of the Internal Revenue Code.

 Parent or Guardian Signature Date

Make your camp selections here:

camp title _____ \$ _____
 camp title _____ \$ _____
 camp title _____ \$ _____
 camp title _____ \$ _____
 camp title _____ \$ _____
 camp title _____ \$ _____
 camp title _____ \$ _____

Camp selections subtotal \$ _____

PAYMENT INFORMATION

HELP SPONSOR A STUDENT

The Florida Museum of Natural History offers scholarships for individuals who could not otherwise afford to attend Museum camps. Your donation to the scholarship fund is greatly appreciated.

YES! I would like to donate \$50 \$25 \$10 other amount _____

Camp selections subtotal \$ _____
 Scholarship donation \$ _____
 Grand total \$ _____

Payment method: Check (# _____) online credit card payment
 over the phone credit card payment other _____

Please make check payable to University of Florida. For online credit card payments, a link will be provided via email after your registration form is received. For phone payments, an Education staff member will contact you after your registration form is received.

Mail this completed form to:
 Florida Museum of Natural History Classes
 PO Box 112710
 Gainesville, FL 32611-2710

Phone: 352-273-2061 Fax: 352-846-0253
www.flmnh.ufl.edu

OFFICE USE ONLY: Date paid _____ Amount _____
 Receipt# _____ Entered _____