



Garden Discovery Camp 2018 Registration

1. Camper's Name: _____ 2. Date of Birth: _____

3. Current Age/Grade: _____ / _____ 4. Gender (M/F) : _____

5. Parent(s)/Guardian(s): _____

6. Home Address: _____

City: _____ State: _____ Zip Code: _____

7. Phone (home): _____ 8. Phone (business/cell): _____

9. Email: _____

10. Days attending (circle all that apply): July 30 (9AM-12PM) July 31 (9AM-12PM) Aug 1 (1-3PM)

11. **Emergency Contact:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

12. Phone (home): _____ Phone (business/cell): _____

13. Relationship to Child: _____

14. Cost: Camp registration is \$15/day; Sibling or second child from same family is \$10. *Please make check payable to "CLDS."*

15. Photo Release: I give permission for my child's photograph to be used in garden publications/social media and for advertising and promotions (please check): _____ (yes) _____ (no)

16. Family Physician: _____ 17. Phone: _____

18. Allergies (please check)

_____ Hay Fever
_____ Poison Ivy
_____ Insect Stings

_____ Drugs (specify)
_____ Food (specify)
_____ Other (specify)

19. Health Conditions (please describe):

20. The health history is correct to the best of my knowledge and the person described within has permission to engage in all camp activities except as may be noted. I give permission to have my child treated by a physician in case of a severe illness or emergency in which I cannot be reached (please initial): _____

21. The Center for Landscape Design & Stewardship (CLDS) acknowledges that your child has voluntarily enrolled in the Garden Discovery Camp located within Freedom Park at the Butler Township 'Human Nature' Community Garden, 415 W. Butler Drive, Drums, Pennsylvania. By signing this Release and Waiver of Liability, on behalf of yourself and your child, you hereby release and hold harmless Butler Township, the CLDS and its officers, directors, interns, and volunteers, from any and all liability, damage, loss, or claim that occurs in connection with camp activities, or your child's presence within the garden.

Signature of Parent/Guardian

Date

Mail your completed registration form and check (made payable to CLDS) to the Center for Landscape Design & Stewardship, 8 Sidehill Trail, Sugarloaf, PA 18249