# Summer Camp Registration 2019

Camper's Name: (one registration per camper)_____

Date of Birth: _____ Age: _____ Grade entering:_____

Parent(s)/Guardian Name(s): _____

Street Address: _____

City: _____State: _____Zip:_____

Daytime Phone 1: _____Daytime Phone 2: _____

Email: _____ ☐ Do not use photos of my child in SMINC publications

How did you hear about us? _____

Camper Assistance/Needs (medical, psychological, aide assistance, allergy, or relevant condition):

EMERGENCY CONTACTS

Name: _____Relationship: _____Phone: _____

Name: _____Relationship: _____Phone: _____

**By signing this registration form I agree that:** (A) In the event of an emergency, I give permission for SMINC to administer first aid and/or obtain emergency medical treatment for my child. I understand that, if necessary, my child will be transported, by ambulance, to the nearest hospital emergency room. I agree that any cost incurred for any transportation and/or treatment will be my responsibility. (B) I will be charged $15 dollars for every 15 minutes if I am late to pick up my child. (C) My child will not be permitted to leave with anyone except the person designated on the camp check in sheet. (D) SMINC has the right to dismiss a camper without refund for violating the center's no tolerance policy. (E) If my child requires supervision beyond the Nature Center's child to staff ratio, I may need to provide a personal aide at my own expense. (F) I assume all risks and hazards incidental to the conduct of camp activities and release SMINC from any liability.

| CAMP TITLE: | DATE: | COST: |
|---|---|---|
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| | | |
| | | |
| | | |
| | TOTAL COST: | |

PAYMENT INFORMATION:

☐ Paid via PayPal online

☐ Check enclosed – *payable to Sally Manzara Interpretive Nature Center*

Return registration form and payment to SMINC in person during open hours.
Mail to: SMINC, P.O. Box 241, Lake Elmo, MN 55042
Email to: info@sminc-lake-elmo.org
Questions? Contact us: 651-408-2838

Signature: _____ Date: _____

Office use: Rec'd _____ C _____ Pd _____