

How to register for Summer Adventure Camp:

1. Register on-line
2. Please submit separate registration packets for each child registered within 2 weeks of your on-line registration.

3. Submit a copy of your insurance card with registration materials:

By fax: (215) 247-7862

By Email: tifstahl@upenn.edu

By Mail:

Morris Arboretum
Attn: Education Summer Camp
100 E. Northwestern Avenue
Philadelphia, PA 19118

4. Review Parent Summer Camp Handbook. Please go over the Rules of conduct with your child before camp begins.

NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT THE ATTACHED FORMS.

Questions? Contact Tiffany Stahl 21-247-5777 x127
Email: tifstahl@upenn.edu

2015 Morris Arboretum Camp Registration

Child's Name: _____ Date of Birth: _____

Age (at start of camp date): _____ Grade (Sept. 2015): _____

School: _____ T-Shirt Size (Circle): Small Medium Large

Registered Camp Date(s): _____

1. Name of Parent/Guardian(s): _____

Cell Phone: _____ Alternate Phone: _____

Address: _____

City/State/Zip: _____

Email (s): _____

Pick Up & Drop Off

I, _____ (Parent/Guardian), only authorize (List two):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

to pick up my child from Summer Adventure Camp. I understand that I, or those listed above, may be asked to show identification to ensure the safety of camp participants.

Emergency Contact Information

In the event of an emergency, the parent/guardian(s) listed on the Registration Form will be notified first. Please list additional emergency contacts below in case we cannot reach you.

1. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

3. Name: _____ Relationship to Child: _____

Cell Phone: _____ Alternate Phone: _____

Parent Permission and Release from Liability

My child, _____, is participating in one or more of the Summer Adventure Camp sessions being held at the Morris Arboretum of the University of Pennsylvania from the week of June 22nd through the week of August 3rd 2015. I hereby grant permission for my child to participate in this camp and all camp activities. In consideration for my child's participation, the sufficiency of which I hereby acknowledge, I agree as follows:

1. I have carefully read and understand the Parent's Guide to Summer Adventure Camp (available at www.morrisarboretum.org), which includes important information regarding pick-up and drop-off policies, behavioral expectations of campers, and registration and cancellation policies, and I agree that my child and I will follow camp policies.
2. I acknowledge that the activities in which my child will participate may expose my child to significant risks, including the risk of serious bodily injury or death. I understand that the description of these risks is not complete and that known or unanticipated risks may result in injury, illness or economic loss. I agree to assume full responsibility for all risks associated with my child's participation in the Summer Adventure Camp and I agree to hold harmless, release and forever discharge the Trustees of the University of Pennsylvania (including the Morris Arboretum) and its trustees, officers, employees and agents from any and all claims, demands and causes of action of whatever kind that I and/or my child may have, including, but not limited to, those related to illness, bodily injury, death, loss of personal property or other economic losses arising from or connected with my child's participation in the Summer Adventure Camp. I also agree that the University of Pennsylvania shall not have any responsibility for the negligence or misconduct of me or my child.
3. By signing below, I certify that I am the parent or legal guardian of the child named above and that I have carefully read and understand this Parent Permission and Release from Liability and am signing it voluntarily with the intent to legally bind me and my child.

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

Insurance Information: IS your child covered by a health insurance plan? Y _____ N _____

*** If child is not covered by health insurance, parent or guardian must sign and attach a statement accepting financial responsibility for emergency care if it is needed.*

Name of subscriber: _____

Relationship to Child: _____

Name of insurance provider: _____

Policy #: _____

*****A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED*****

VI. Medical Information

Does the child have any allergies, medical conditions, or special needs? Y _____ N _____

Please Specify: _____

Does your child require a wrap-around or special assistance in school? Y _____ N _____

Please Explain:

Is your child currently taking any prescription medication? Y _____ N _____

Please specify: _____

Child's Physician: _____ **Phone:** _____

Authorization for Medical Treatment of a Minor

I, _____ (Parent/Guardian), hereby authorize representatives of Summer Adventure Camp and the Morris Arboretum of the University of Pennsylvania to seek emergency treatment for _____ (Child's name), including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted below.

This authorization shall remain in effect as long as the child is participating in Summer Adventure Camp.

Exceptions: (if none, write "none")

I, _____ (Parent/Guardian), consent to the
administration of the following to _____ (Child's name) when
necessary:

(Please circle) sunscreen insect repellent Tylenol Benadryl

Signature: _____

Date: _____

Print Name: _____

Permission to Photograph (Optional)

I, _____ (Parent/Guardian), give my permission for my child to be
photographed while participating in Summer Adventure Camp and understand that the images may be
used in Morris Arboretum publications.

Signature: _____

Date: _____

Print Name: _____

Are you a member of the Morris Arboretum? Yes No

Please feel free to tell us anything else that you would like us to know about your child (optional):

