



SUMMER CAMP PARTICIPANT FORM

Camp Program (s):	Date (s): <i>Please circle or highlight the session(s) your camper is attending.</i>
Water Wonders & Water Warriors	June 9-13 July 7-11
Forest Friends & Jr. Arborists	June 16-20 July 14-18
Outdoor Adventure & Jr. Conservationists	June 23-27 July 21-25
Teen Cooking	June 23-27 July 14-18
Jr. Cooking	June 9-13 June 16-20 July 7-11 July 21-25
Mural Magic	June 9-13 June 16-20 June 23-27 July 7-11 July 14-18 July 21-25

Child name(s): _____ Age: _____
_____ Age: _____
_____ Age: _____

Parent/Guardian Name(s): _____

E-mail: _____ Phone: _____

Cell Phone: _____

Address: _____

Additional Adults Authorized for Pickup

Please list the legal name of authorized alternative adults that may pick up your child and their phone number. Only parents, guardians, or listed authorized adults are permitted to pick up your camper. We will check photo identification at pick up.:

Please fill out both front and back of form.

Medical Info

Please indicate if the above-named participant(s) has any medical conditions, dietary restrictions, or allergies of which the Botanical Garden staff should be aware. Please list any medications your child may be taking.

Child: _____ Medical Info: _____

Child: _____ Medical Info: _____

Child: _____ Medical Info: _____

Emergency Contact information

1) Name: _____ Phone Number: _____
Relationship: _____

2) Name: _____ Phone Number: _____
Relationship: _____

Youth Programs

For the safety of your child, they must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to themselves or others. Failure to adhere to program policies will cause dismissal without refund of program fees. Please consider whether your child is going to be successful working and playing in a group setting for San Antonio Botanical classes and camps. Please note full refunds for camp will be given until ten days before the camp begins.

HEALTH AND SAFETY POLICY

I will communicate with San Antonio Botanical Garden regarding any communicable illness or infection that my child/children has. I understand that we will notify all caregivers of campers if it is a communicable illness or infection. This includes but is not limited to: pink eye; chicken pox; measles; mumps; strep throat; or lice. If a child develops a fever of 100.0°F or higher, vomits, or has two loose stools while at camp, the caregiver will be called to pick them up.

Campers should stay home from camp if they show any sign of illness. If my child is sick of a communicable illness or infection, I will keep my child home until I have written permission from a

Please fill out both front and back of form.

doctor saying the child is well enough to return to camp. If my camper experiences any of the symptoms above, I will let the camp leadership know immediately. I understand that if my camper experiences any of these symptoms during camp or a program I will be contacted.

✓ I have read and understand the health and safety policy _____ (initial)

PERMISSION TO TAKE PHOTOGRAPHS

I hereby consent to and authorize the San Antonio Botanical Garden, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or taken of my child/children) in whole or part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from use for additional compensation, damages, and invasion of privacy.

✓ Permission to take photographs Yes: _____ No: _____ (check one)

RELEASE OF LIABILITY

In consideration of participant(s) enrolled at the San Antonio Botanical Garden, the undersigned hereby releases the San Antonio Botanical Garden, its employees and agents from any action, claim or demand for personal injury or property loss from or due to any negligent act or omission of the San Antonio Botanical Garden, its agents or employees. This release shall have no effect with regard to damages caused by the San Antonio Botanical Garden's gross negligence. Permission is given for any emergency medical treatment or service.

✓ I have read and understand the release of liability statement _____ (initial)

Signature of Parent/Guardian:

_____ **Date:** _____

Please return this form via email or you may complete the form at Camp check-in on the First day of camp.

Questions?

Call 210-536-1434 or e-mail camp@sabot.org

Please fill out both front and back of form.

San Antonio Botanical Garden | 555 Funston Place | San Antonio, Texas 78209

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