

  
GREEN MOUNTAIN **Audubon**  
CENTER

**REGISTRATION FORM**

The information requested on these forms is needed to provide a fun and safe summer camp experience for everyone involved. This form **MUST** be completed in full (Health Form on reverse side) and returned to Audubon Vermont prior to the first day of camp. Your child will not be permitted to attend camp with incomplete paperwork.

**Camper's Name** \_\_\_\_\_

**Age** (on the 1st day of camp) \_\_\_\_\_ **DOB** \_\_\_\_\_

**Parent/Guardian (1)** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Home address** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **Phone (eve)** \_\_\_\_\_

**Parent/Guardian (2)** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Home address** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **Phone (eve)** \_\_\_\_\_

**People (other than a parent/guardian) whom we may contact in the event of a medical emergency:**  
In the event of an emergency we will **always** attempt to contact a parent/guardian first.

**Name** \_\_\_\_\_ **Phone (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**PHYSICIAN'S NAME** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Health Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**People (other than a parent/guardian) authorized to pick-up your child from camp:**

**Name** \_\_\_\_\_ **Phone (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone (day)** \_\_\_\_\_ **(eve)** \_\_\_\_\_

**Signature of Parent /Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Camp session(s) your child is attending:**

**Session 1** \_\_\_\_\_ **Date** \_\_\_\_\_

**Session 2** \_\_\_\_\_ **Date** \_\_\_\_\_

**Session 3** \_\_\_\_\_ **Date** \_\_\_\_\_

**REFUND POLICY**

Cancellations made with 30 days notice will receive a **full** refund, less a \$25.00 administration fee.  
Cancellations made with 2 weeks notice will receive **half** of their payment, less a \$25.00 administration fee.  
Cancellations made within 2 weeks of the first day of camp will **not** receive a refund.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE SEE HEALTH FORM ON THE OPPOSITE SIDE!**



# CAMPER HEALTH FORM

Please mail this completed form to:

**Audubon Vermont 255 Sherman Hollow Rd. Huntington, VT 05462**

**PLEASE NOTE: THIS FORM MUST BE SIGNED BY YOUR PHYSICIAN!**

During Audubon Vermont's Ecology Day Camp and Preschool Nature Camp programs the children will be spending a majority of their time outdoors. Daily activities include hiking, playing cooperative games and exploring the forests, ponds and meadows. Children will be exposed to the sun, varying weather conditions and a variety of plant and animal species. If there are any health concerns or limitations that we should know about please list them in the spaces provided below. Thank you.

**Camper's Name** \_\_\_\_\_ **Age** (on 1st day of camp) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

**Allergies:**

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**Current Medications:**

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**Medication Administration Instructions:**

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**Health Concerns/Problems:**

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**Physical Limitations:**

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**Other Issues of Importance:**

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**Date of Last Booster:** \_\_\_\_\_

The above named camper has all appropriate immunizations, including tetanus. This camper is physically able to participate in all camp activities, with the exception of limitations that have been noted above.

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/GUARDIAN'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

