



# 2009 Summer Camp Registration Form

Please use a separate form for each child. Forms available at CAS Centers, at [www.ctaudubon.org](http://www.ctaudubon.org) and by photocopy

Participant's name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade completed

Name of Parent or Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (other than Parent) \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies or medical conditions: \_\_\_\_\_

Program	Date	Time	\$\$ Cost
1. _____			
2. _____			
3. _____			
4. _____			

Connecticut Audubon Society Annual Membership (Family \$55) \$ \_\_\_\_\_  
(Membership must be a family membership, and be current, to register for classes)

Total Payment Enclosed \$ \_\_\_\_\_

**If your child wishes to be placed with another child please note here:**  
(Although we will make every effort to accommodate requests for friends and siblings to be placed in the same class, we cannot guarantee such placement)

Method of Payment:     Check enclosed     MasterCard     Visa     Amex

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please make check payable to Connecticut Audubon Society and mail registration form to the appropriate facility

### Parental Permission Form

*This section must be completed by a parent/guardian for all program registrations*

I certify that my child, \_\_\_\_\_, is healthy and free of problems that could be deleterious to his/her participation in Connecticut Audubon Society classes. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the emergency number that I have listed above. I also give (CAS) permission to treat my child in the event of an emergency if I or the emergency contact can not be contacted. In the event of serious illness or injury, and that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise. Also if classes meet or travel to other areas, I give permission for my child to be transported there in (CAS) State Inspected vehicle or car.

Pediatrician's Name and Telephone number \_\_\_\_\_

I give permission to Connecticut Audubon Society (CAS) to photograph my child \_\_\_\_\_ who is participating in a CAS program. I also give permission to Connecticut Audubon Society to use the photographs of my child for promotional purposes, including but not limited to the CAS web site, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials

Signature: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date: \_\_\_\_\_

On List \_\_\_\_\_ Sent Confirmation \_\_\_\_\_ Med Form \_\_\_\_\_ Authorization of Meds \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_