



# 2026 Science of Selfcare Registration Form

Please use a separate form for each child. Forms available at RTP Estuary Center or at [www.ctaudubon.org/rtpcc](http://www.ctaudubon.org/rtpcc)

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ **Current Grade** \_\_\_\_\_

Pronouns \_\_\_\_\_ Nickname: (if applicable) \_\_\_\_\_

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

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

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

E-mail Address \_\_\_\_\_

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

List any allergies or medical conditions: \_\_\_\_\_ Bringing an Epi-Pen? Yes or No

How did you hear about the program: \_\_\_\_\_ Bringing an inhaler? Yes or No

## Please List Days Attending:

\_\_\_\_\_

**If you are mailing this form, please provide payment.  
If registering online you do not need to complete  
this section.**

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

Method of Payment:  Check enclosed  MasterCard  Visa  Amex

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

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

Make check payable to **Connecticut Audubon Society**. Mail registration form & check or credit card info to the appropriate CAS Center.

## 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 (CAS) programs or 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 person listed at the emergency number that I have listed above who is authorized to give permission to treat my child. I also give CAS permission to treat my child in the event of an emergency if I, or the emergency contact, cannot be contacted. In the event of serious illness or injury, and so 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 programs or classes meet or travel to other areas, I give permission for my child to be transported there.

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 or class. 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

I hereby release Connecticut Audubon Society (CAS) from any and all liability, claims or expenses in connection with any injury to my child resulting from my child's participation in a Connecticut Audubon Society (CAS) event.

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

PLEASE PRINT CLEARLY USING BLUE OR BLACK PEN

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