2027 February Vacation Week Registration Form

Please use a separate form for each child. Forms available at RTP Estuary Center or at www.ctaudubon.org/rtpec

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:

_____

PLEASE PRINT CLEARLY USING BLUE OR BLACK PEN

__On List __Sent Confirmation ___Med Form ___Authorization of Meds Date_____ Amount_____

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: _____