Wade Into Wetlands Summer Science Camp 2009 at the Eddie V. Gray Wetlands Education and Recreation Center
REGISTRATION, HEALTH AND AUTHORIZATION FORM

___My child is a boy/girl scout earning a badge.

★★★★★★★★★★
★ Circle T-shirt ★
★ Size ~ Youth: ★
★ 6-8 / 10-12 / ★
★ 14-16 / 18-20 ★
★ Adult: S / ★
★ M / L / XL ★
★★★★★★★★★★

Please check the camp(s) your child will attend @ $100.00 per camp:

___**Feathered Frenzy** (4th-6thgr.) June 8-12
___**Fishing Fanatics** (6th-7thgr.) June 15-19
___**Crazy Critters** (1st-3rdgr.) June 22-26
___**Rad Reptiles** (6th-10th gr.) June 29-July 3
___**Survive Alive** (4th-5th gr.) July 6-10
___**Survivor Wild** (6th-10th gr.) July 13-17
___**Working in Wild** (6th-10th gr.) July 20-24
___**Pioneer Pals** (4th-5th) July 27-31
___**Ocean Commotion** (6th-10th) August 3-7
___**Nature's Art** (6th-10th gr.) Aug 10-14

___I will need the extended program for my child from 7:00 a.m.– 8:00 a.m. Mon.– Fri. for $10.00.
___I will need the extended program for my child from 4:00 p.m.– 6:00 p.m. Mon.– Fri. for $20.00.

All fees are payable to the Wetlands Center and must be paid when the registration form is turned in.

Please Print: Camper's Name_____, _____
(Last) (First) (Middle)

Sex - M / F Age_____ Date of Birth_____/_____/_____ Grade Entering Fall 2009_____

Address_____ City_____ State____ Zip_____

Home Phone (_____)_____ School child attended 08/09_____

Parent/Guardian's Name_____ Work Phone (_____)_____

Cellular Phone (_____)_____ E-mail _____

In case of emergency, notify_____

Relation_____ Home Ph. (_____) _____ Work Ph. (_____)_____

Hospital Preference_____

Doctor_____ Phone (_____)_____

If your child has allergies, is taking medication or has special needs that you feel the staff needs to know, please list them here. **(All medications must be in original container and dosage clearly marked.)**_____
_____
_____

Name of person picking up your child_____ **If someone other than the above named person will be picking up your child, Wetlands Center staff must be notified in advance.**

I give permission for _____ to participate in any activities and field trips of the Wetlands Center Summer Science Camp 2009. In case of emergency I further authorize Wetlands Center staff to consent to any medical attention deemed necessary for my child the same as I would or could do if personally present. I hereby release and agree to hold harmless the Wetlands Center, its staff or any sponsors against any and all losses, liabilities, expenses, and causes of action for personal injury to my child resulting from his/her participation in the summer program. My signature also allows the Wetlands Center or its designate to use photos or videos of my child for publication purposes. I understand, after parent notification, if my student is sent home because of discipline problems there will be no refund.

_____ _____
(Parent/Guardian's Signature) (Date)

Please help us reach more students to enjoy and benefit from our summer camp by telling how you found us:
___Baytown Sun ___Houston Chronicle ___GCCISD Web Site ___Friend (name)_____
___City of Baytown Web Site ____Sterling Library Display Other_____

Return form to: The Wetlands Center—1724 Market Street, Baytown, TX 77520 Phone: 281-420-7128