

Eddie V. Gray Wetlands Education Center
Wetlands Winter Camp 2019
REGISTRATION, HEALTH AND AUTHORIZATION FORM



Camper Information: (Please print)

Camper's Name _____, _____ Sex: M F (circle)
(Last) (First) (MI)
Age: ____ DOB: ____/____/____ School Child Attends: _____

Parent/Guardian Information:

Parent Name: _____, _____
(Last) (First) (MI)

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____

In case of emergency, notify: _____ Relation: _____

Daytime Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Child's Doctor: _____ Dr.'s Phone: (____) _____ - _____

Hospital Preference: _____

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 with dosage clearly marked.)

Please list name(s) of people who may pick your child up from camp:

_____, _____, _____
(If someone other than the persons listed above will be picking up your child, the Wetlands Center Staff must be notified in advance.)

I give permission for _____ to participate in any activities and field trips during the Wetlands Center Winter Camp 2019. 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 if I were present. I hereby release and agree to hold harmless the Wetlands Center and its staff against any and all losses, liabilities, expenses and causes of action for personal injury to my child resulting from his/her participation in this camp program. **My signature below also allows the Wetlands Center or its designate to use photos or videos of my child for publication purposes.**

I understand if my child is sent home because of discipline problems there will be no refund.

(Parent/Guardian Signature)

(Date)



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