



## Wells Reserve at Laudholm Permission Form

I give my child \_\_\_\_\_ permission to participate in the February and/or April school vacation camp program at the Wells Reserve at Laudholm.

- If immediate medical attention is necessary, and I cannot be reached, I authorize the Wells Reserve to have my child treated at the nearest medical facility.
- I understand that photographs taken during the program may be used by the Reserve to advertise and promote future programs without compensation or further permissions.
- I understand that if a child demonstrates repeated inappropriate or unsafe behavior, their participation in the program may be terminated without issuing a refund.
- I agree not to hold the Wells Reserve responsible for loss or damage of personal belongings.
- I am aware that the deer tick, *Ixodes dammini*, can transmit Lyme disease and is commonly found in coastal areas. If we happen to have a warmer than usual February, I recognize that I should perform a tick check on my child when s/he returns home after the camp program.
- I recognize my own responsibilities in regards to the above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I can be reached at the following phone numbers during camp:

\_\_\_\_\_



# Wells National Estuarine Research Reserve

Research • Education • Stewardship

## School Vacation Day Camp Registration

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

### Parent/Guardian Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Medical/Health Concerns (i.e. allergies)

\_\_\_\_\_  
\_\_\_\_\_

Dietary Concerns \_\_\_\_\_

\_\_\_\_\_

Any other pertinent information you'd like us to know? \_\_\_\_\_

\_\_\_\_\_

Name(s) of adults (other than above) with permission to pick up participant(s):

\_\_\_\_\_

Camps:  Life in the Dark, Wed Feb 20, 2019 9:00am – 3:00pm \$60/\$50

Bird Bonanza, Wed April 17, 2019 9:00am – 3:00pm \$60/\$50

\*Individual Camps: \$60 non-members, \$50 members

### Registration and Payment Options:

- Mail completed form with check made out to Wells Reserve.
- Mail completed form then call 207-646-1555 x110 for credit card payment
- Print and complete form. Scan & email to [caryn@wellsnerr.org](mailto:caryn@wellsnerr.org). Call or send check.

*Questions? Call Caryn 207-646-1555x or email [caryn@wellsnerr.org](mailto:caryn@wellsnerr.org).*