

FALL/WINTER DAY CAMPS 2009
PARTICIPANT RELEASE AND REGISTRATION FORM

Every participant must have a completed and signed release form to be turned in before day of event.
Cost is \$35/Member, \$45/Non-member per day. Camp times are 10am to 3pm. Lunch is provided.

Participant's Name _____ DOB _____ Grade _____ Member # _____

Address _____ City, State, Zip _____

Guardian's Name _____ Phone _____

In the event of an emergency the parent/guardian will be contacted first. Please provide a second contact in case they can not be reached.

Emergency Contact _____ Relationship _____ Phone _____

Circle date(s) selection:

Friday, January 15, 2010

Friday, February 12, 2010

Monday, April 5, 2010

Friday, October 22, 2010

Monday, October 25, 2010

Thursday, November 11, 2010

_____ (# of Camps) X \$ _____ (Cost) = \$ _____ Total Due

Lunch will be provided and includes entrée, fruit, dessert and drink. **Circle entrée selection.**

Turkey/Cheese Sandwich

Ham/Cheese Sandwich

Peanut Butter and Jelly

Please no lunch

Please list any medical/physical limitations (allergies, etc.) or other concerns pertaining to your child:

Accident Release, First Aid, Media and Financial Responsibility Wavier

Please read and sign below.

Registration forms cannot be accepted without a signature!

I understand that the educational programs are provided by the St. Augustine Alligator Farm, and understand the inherent dangers involved with my child's participation in these programs, including the risk of personal injury and/or damage to my child and/or my property while participating in these programs. I further understand and acknowledge that the participants in such programs are not covered under insurance of St. Augustine Alligator Farm and that St. Augustine Alligator Farm will not allow participation in these programs absent my signing this release. I authorize and grant permission for a representative of St. Augustine Alligator Farm to treat minor injuries including scrapes, small cuts, splinters, and insect bites. I authorize and grant permission for a representative of St. Augustine Alligator Farm to obtain emergency medical care from any licensed physician or hospital and/or medical clinic should my child become ill or injured while participating in educational activities away from home or at other times when neither parent nor guardian is available to grant authorization for emergency treatment. I therefore freely and voluntarily execute this release with such knowledge, assume the risk of personal injury and/or property loss arising from or in any way connected with participation in any educational programs offered by the St Augustine Alligator Farm. I hereby release and discharge St. Augustine Alligator Farm and any and all agents of St Augustine Alligator Farm from any liability, claim, cause of action, demand or damages from injury or damages of any kind to my child or my property as a result of participation in the educational programs of St. Augustine Alligator Farm. I grant permission and understand that photos and other images taken during this event could be used in print advertisement and other forms of media. I further waive, release, absolve and agree to indemnify and hold St. Augustine Alligator Farm harmless as a result of participation in any educational programs sponsored by St. Augustine Alligator Farm. I understand that should my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program with no refund.

Parent/Guardian Signature _____ Date _____

