

FLYING HIGHER
GENERAL INFORMATION

Child's Name: _____
Last First M.I.

Current Grade 6 _____ Male _____
7 _____ Female _____
8 _____

REGISTRATION FEES (choose #1 or #2)

#1. No Financial Need:
* \$125/camper \$ _____
* \$100/additional sibling \$ _____
* \$100/additional sibling \$ _____
TOTAL ENCLOSED \$ _____

#2. Financial Need: (must include proof with registration: school letter stating acceptance into free/reduced lunch program, copy of current Kids Connection/NE Medicaid card, or verification of foster care)
* \$75/camper \$ _____
* \$75/additional sibling \$ _____
* \$75/additional sibling \$ _____
TOTAL ENCLOSED \$ _____

Write checks payable to **Rowe Sanctuary**.

Parent/Guardian: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Email
Address: _____

Family Physician: _____ Phone _____

Address: _____

Family Dentist: _____ Phone: _____

Address: _____

In an emergency, please contact:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Do you carry medical/hospital insurance? _____ If yes, indicate carrier: _____

Policy/Group #: _____ Phone: _____

The following people are permitted to drop my child off or pick my child up:

- | | |
|----------------|-----------------|
| 1. Name: _____ | Relation: _____ |
| 2. Name: _____ | Relation: _____ |
| 3. Name: _____ | Relation: _____ |
| 4. Name: _____ | Relation: _____ |

Please list any medical considerations or special needs of any kind:

**RELEASE OF LIABILITY & USE OF IMAGE
BY PARENT/GUARDIAN OF CHILD PARTICIPANT**

Child's Name: _____ Date of Birth: _____
Program: Flying Higher Site: Rowe Sanctuary
Date of Participation: _____

As the parent and/or legal guardian of the child named above, I wish for my child to participate in National Audubon Society, Inc.'s ("Audubon") program identified above (the "Program"), which may include in-the-classroom and outdoor field trip experiences. I understand that there are possible dangers associated with the Program, including but not limited to accidents, illness, insect bites, and those generally associated with outdoor activities. I understand that my child's participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

I agree that Audubon may use, reproduce, display, make derivative works and distribute any materials my child creates while participating in the Program ("Artwork"), or any parts thereof, in any and all media, including on the Audubon website and in Audubon magazine, and permit Audubon to use the Artwork in connection with fundraising appeals. Audubon's license to use the Artwork shall be perpetual, royalty-free and non-exclusive.

I agree that my child is participating in the activity at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I agree and understand that recordings, which may include my child's image, appearance, voice, name and/or biographical material ("My Child's Likeness") may be made and/or produced at the Program. I hereby give Audubon permission to use, reproduce, duplicate, broadcast and distribute My Child's Likeness, in any and all media, including but not limited to the Internet, whether now known or hereafter devised, in perpetuity. I agree that I have no claim for compensation, that My Child's Likeness may be used in commercial or advertising materials, that My Child's Likeness may be edited at Audubon's sole discretion, and that I waive any right to inspect or approve the finished version.

I expressly release and hold harmless Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of My Child's Likeness (or any part thereof) or (ii) on account of any loss, damage or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _____
Print Name: _____
Address: _____
Date: _____

Emergency Contact Information:

Name: _____
Phone Number: _____

MEDICAL HISTORY

IMPORTANT: Please notify Audubon if this child is exposed to any communicable diseases during the three weeks prior to your child’s Audubon participation. If you feel you do not have enough current information to fill out this form accurately, please contact your physician.

IMMUNIZATION (Record only the year of last immunization).

Diphtheria/Tetanus _____ Measles _____ Chicken Pox _____ Polio _____
 Rubella _____ Mumps _____ TB (and result) _____ Other _____

SPECIAL INFORMATION

	Yes	No
Contact Lenses	_____	_____
Sleepwalking	_____	_____
Bedwetting	_____	_____
Frequent ear infections	_____	_____
Seizure disorder	_____	_____
Heart defect/disease	_____	_____
Diabetes	_____	_____
Bleeding clotting disorder	_____	_____
Recent exposure to contagious diseases	_____	_____
Allergic reactions (plant, insect, food, medicine)	_____	_____
Are there any activities to be restricted?		
If yes, explain:		
Operations or serious injuries (specify dates):		
Chronic or recurring illness:		
Special diet or restrictions (vegetarian, etc.):		

MEDICATIONS BEING TAKEN:

Please list all medications (including non-prescription drugs) taken routinely at home. Bring enough medication to last the entire stay at Audubon. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the drug, dosage and frequency of administration. All medications (with the exception of inhalers) will be in the possession of Audubon.

<input type="checkbox"/>	This camper takes NO medication on a routine basis.				
<input type="checkbox"/>	This camper takes medications as follows:				
Medication:		Dosage:		Times taken each day:	
Reason for taking:					
Medication:		Dosage:		Times taken each day:	
Reason for taking:					