

The Heathcote Summer Camper's Pledge

If you want to be a Heathcote Summer Camper.

Please read and sign the Camper's Pledge:

I, _____, agree to do my best to be a good camper. I will treat the plants, animals, and people I meet at camp with kindness and respect. I will obey the rules and follow instructions from Ms. Nan and the counselors.

I agree to be on my best behavior so I can learn, experiment, discover and enjoy the beautiful gardens.

Camper's Signature _____

RETURN TOP PLEDGE *** KEEP BOTTOM PLEDGE *** RETURN TOP PLEDGE *** KEEP BOTTOM PLEDGE

The Heathcote Summer Camper's Pledge

★ If you want to be a Heathcote Summer Camper, please read and sign the Camper's Pledge:

I, _____, agree to do my best to be a good camper. I will treat the plants, animals, and people I meet at camp with kindness and respect. I will obey the rules, and follow instructions from Ms. Nan and the counselors. I agree to be on my best behavior so I can learn, experiment, discover and enjoy the beautiful gardens.

Camper's Signature _____

Heathcote Summer Camp Registration

Camper's Name: _____ Male ___ Female ___

Date of Birth: _____ Age at Camp: _____ Grade in Fall: _____

School currently attending: _____

Mailing Address: _____

Home Phone: _____

Legal Guardians: Mother ___ Father ___ Both ___ Other _____

Guardian 1 Name: _____

Work Phone: _____ Cell: _____

Guardian 2 Name: _____

Work Phone: _____ Cell: _____

Email Address (for receiving camp info and communication) _____

Member of Heathcote Botanical Gardens? Yes ___ No ___

How did you hear about the Heathcote Summer Camp?

One Week Heathcote Summer Camp Fee:

\$115 members - \$125 non-members

10% sibling discount: \$103.50 ea. for members - \$112.50 ea. for non-members

Amount Received: Cash _____ Check _____ Credit Card _____

VISA or MC# _____

Expiration: _____ 3 digit CVC: _____

Name as shown on card: _____

Billing address for card: _____

To purchase a membership to Heathcote Botanical Gardens and learn about the many benefits visit:

www.heathcotebotanicalgardens.org/become-member

EMERGENCY CONTACT INFORMATION

Parent or Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

MEDICAL HISTORY

Does the camper have any allergies? _____

Food allergies? _____

Please specify: _____

PROGRAM WAIVER

As parent or legal guardian, I hereby give permission for my child, _____

to participate in Heathcote's Summer Camp, organized by Heathcote Botanical Gardens. I affirm that all the information I have provided is true and accurate to the best of my knowledge. By signing below, I understand that my child is participating in a program which includes certain risks in outdoor activities. My child is voluntarily participating in this program and I hold harmless Heathcote Botanical Gardens from all responsibilities of personal injury. I hereby waive any and all claims against Heathcote Botanical Gardens, its directors, members, employees, and volunteers for any damages, injuries, loss or liability which may occur during his/her participation in this program.

Parent/Guardian Name (Print)

Parent/Guardian Name Signature

Date

MEDICAL CONSENT

Name of Child's Family Physician: _____

Physician's Phone Number: _____

Medical or hospitalization insurance which provides benefits to this child:

Name of Insurance Co: _____

Policy No. of Insurance Policy: _____

Name of Policy Holder: _____

This health history form is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities.

EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by Heathcote Botanical Gardens to order emergency care for my child, and in the event that I cannot be reached in an emergency, I hereby authorize any examinations, tests, treatments, and medicine deemed necessary by the emergency physician or personnel for my child as named above and further agree to pay the cost and expense of the treatment described above. I also hereby grant permission to Heathcote Botanical Gardens staff to treat minor cuts, scrapes, burns (including sunburns), and stings with basic First Aid treatment.

Name of Participant (PRINT): _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

PICK-UP RELEASE CONSENT FORM

I, _____, grant permission for my child _____ to be dropped off and picked up by the following individuals. Only persons listed below will be authorized to pick up your child. Persons must come with appropriate identification.

Name of Person (s) Relation to Child

_____	_____
_____	_____
_____	_____

Authorized by: _____

Parent/Guardian Signature

Date

PHOTO & QUOTATION RELEASE FORM

I hereby grant permission to Heathcote Botanical Gardens to take and use photographs of my child on Heathcote Botanical Gardens website and/or in other official printed publications without further consideration. I acknowledge the right of Heathcote Botanical Gardens staff to crop or treat the photographs at their discretion. I also acknowledge that the staff at Heathcote Botanical Gardens may not choose to use my photographs at this time but may use them at a later date at their own discretion. I understand that photographs posted on the World Wide Web are accessible and can be copied by any computer user. I hereby grant permission to Heathcote Botanical Gardens to use quotations made by my child for advertising purposes. Therefore, I agree to indemnify and hold harmless from any claims all directors, employees, and volunteers of Heathcote Botanical Gardens. Heathcote Botanical Gardens reserves the right to discontinue use of photographs or quotations without notice.

Parent/Guardian Signature

Date

PARENT REMINDERS

Drop Off/Pick Up:

Drop off is between 8:45 and 9:00 am

Gates and sign-in will not be open until 8:45 am every morning

Parents must sign children in and out with a staff member every day

- Drop off is accepted until 9:00 am
- After 9:00 a.m. parents will be required to walk their child to the class
- Bear in mind your child will be missing out on quality experiences if not dropped off on time
- Parents may car pool if adult is on camper's list of authorized pick up people
- Please pick up promptly at 1:00 pm
- An additional fee of \$1.00 per minute is charged beginning at 1:15 pm
- Please be mindful that our staff needs time to collaborate and become prepared for the day's programs
- Please call to notify if your child is not attending on a certain day

Please remember:

- Children must have appropriate attire including closed shoes – **no sandals!**
- If your child is sun-sensitive or bug-sensitive, please prepare your child for camp by applying sun block and bug spray prior to AM drop off
- Children are not permitted to bring electronic devices to camp (cell phones will be permitted, but will only be used to contact the parent/guardian) – we are not responsible for lost electronics
- Remind your child to always stay on the pathways and do not pick the flowers and plants in the gardens (please communicate this to your child.)

Cancellation Policy:

- Full payment for the summer camp is required for registration
- A refund will be returned if you cancel two days or 48 hours prior to the start day of your child's summer camp – minus a \$25 administrative fee
- You will receive no refund after this deadline

I have read and understand that the above suggestions are intended to uphold the quality of Heathcote's Summer Camp. I will do my best to uphold the above agreement. I will be in contact with any foreseeable discrepancies to the best of my ability.

Parent/Guardian Signature Date

Please complete and sign entire packet and return with payment to Heathcote Botanical Gardens.

We can't wait to meet your Heathcote Summer Camper!