

Camp Discovery 2024 Registration Form

Rising 6th -9th graders, July 8-12, 2024

Camper's Name: _____

Address: _____

Age: _____

Date of birth: _____

Male: _____

Female: _____

Session Attending: _____

Camper's upcoming grade level: _____

Dietary restrictions: _____

Known food allergies: _____

Known allergies: _____

Medical conditions: _____

Prescription medications: _____

Other health information: _____

Emergency Contact Information:

Name: _____

Relation to camper: _____

Daytime phone number: _____ Cell Phone: _____

Email: _____

Name: _____

Relation to camper: _____

Daytime phone number: _____ Cell Phone: _____

Email: _____

Camper's Name: _____

Camp T-shirt Size (included in registration cost)

Youth Small _____

Youth Medium _____

Youth Large _____

Adult Small _____

Adult Medium _____

Adult Large _____

Adult XL _____

Waiver and Release Form

Liability Release

I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of participation in said event. This release is intended to discharge in advance Lockerly Arboretum, its officials, officers, employees, volunteers and agents from liability.

Parental Consent

I give consent for my child to participate in the above activities, and I execute the above liability release on their behalf. By signing this document, I authorize Lockerly Arboretum to publish photographs taken of me and/or my minor child(ren), and our names, for use on the Lockerly Arboretum website, social media and print materials.

Parent/Guardian Signature

Print Name

Date