



2018 Kid's Nature Night Health & Registration Form

Child's Name: _____

Child's Date of Birth*: _____ Age: _____ Gender: Male Female

**Child must be age 5 through 12 and fully potty-trained!*

Child's Ethnicity: **Check those that apply*

- ☐ Non-Hispanic White
- ☐ African American
- ☐ Latino or Hispanic American
- ☐ East Asian or Asian American
- ☐ South Asian or Indian American
- ☐ Middle Eastern or Arab American
- ☐ Native American or Alaskan Native
- ☐ Other

Camp Tuition per Week: **Circle those that apply*

\$30 (1st Child) \$15 (Additional Child)
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Make checks payable to: **Yakima Area Arboretum**

Parent 1 / Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____ Other: _____

Email: _____ @ _____

Parent 2 / Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____

Mobile: _____ Other: _____

Email: _____ @ _____

In case of emergency, please give us an alternate person to contact if you are unavailable.

Emergency Contact: _____ Phone: _____

Primary Physician: _____ Phone: _____

In case of injury, campers will be taken to the nearest hospital which is **Yakima Regional Medical Center** unless you specify another hospital: _____

Cancellation/Refund Policy: If you need to cancel your child's Kid's Nature Night session for any reason, please contact us immediately. If the session is cancelled with at least 14 days notice you will receive a full refund minus a \$5 processing fee. If the session is cancelled with less than 14 days, no refund will be given.



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Medical Treatment Waiver & Authorization

As the parent or legal guardian of _____, I hereby grant permission for my child to participate in the Yakima Area Arboretum Kid's Nature Night Program. In the event of an emergency, accident or illness, I authorize the Yakima Arboretum and its agent(s) to administer emergency medical care to my child.

In the event that I cannot be reached in a medical emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

My signature below hereby represents that I have read, understand, and consent to the terms and conditions of this document.

Signature: _____ Date: _____

Relationship to Child: _____

PERMISSION TO PARTICIPATE:

My child _____ has permission to engage in all camp activities except as noted below.

Are there any activities your child **cannot** participate in?

☐ YES

☐ NO

If YES, please describe: _____

HEALTH CONCERNS AND MEDICAL INFORMATION:

Does your child have any health issues (mental, emotional, or physical) or allergies that the YAA staff should be aware of?

☐ YES

☐ NO

If YES, please describe the reaction and the management to the reaction: _____

Does your child carry an Epi-Pen?

☐ YES

☐ NO

Does your child use/carry an inhaler, nebulizer, or other medical device?

☐ YES

☐ NO

Does your child currently take any prescribed medication(s)?

☐ YES

☐ NO

If YES, please describe medication and dosage:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

If medication needs to be taken at camp, please provide guidelines for administration:

LIABILITY AND MEDIA RELEASE

I, the undersigned, agree to hold harmless the Yakima Area Arboretum and its staff and volunteers of all liabilities known or unknown that may occur during the course of the scheduled Kid's Nature Night. I am aware that participants will be handling materials and equipment commonly found in gardens and unmanaged landscapes, such as soil, sand, water, insects, plant materials, and rocks, but not limited to these materials only as well as toys, games, arts and crafts. I accept all responsibility for the activities performed during the program. Photographs will be taken at the Yakima Arboretum Kid's Nature Night showing attendees and staff involved in activities. These may be used by the Arboretum for promotional, informational and educational purposes.

☐ Photographs may include my youngster.

☐ Please do NOT include my youngster in camp photographs.

Signature of Parent/Guardian

Date

Please complete both sides of this form. One form per child must be completed.