

Audubon Society of Portland Camp Registration Form



- ◆ **To reserve your spot** send completed registration form to: **Audubon Society of Portland**
5151 NW Cornell Rd. Portland, OR. 97210 or fax to (503) 292-1021
- ◆ Don't forget you can register online: go to **www.audubonportland.org/trips-classes-camps/camps**
- ◆ Confirmation e-mails will be sent within 2 weeks of receiving registration form and payment. You will be called if space is not available or we need to cancel a class. In either case, a full refund is given.
- ◆ Cancellation policy: You must cancel your registration 14 working days prior to the beginning of class to receive a refund (-\$20 processing fee).
- ◆ Partial scholarships are available. Please call for a scholarship application.

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Child's Name _____ Grade ____ Gender ____ Date of Birth _____

Your Name _____ Relationship: _____ Email _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Parent/Guardian _____ Relationship: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Class Name: _____ **Fee:** _____

Class Name: _____ **Fee:** _____

Class Name: _____ **Fee:** _____ **Total: \$** _____

I wish to pay by: Check (Audubon Society of Portland) (Checks preferred)

Credit Card (a 3% charge is added to credit card payments)

Credit Card Number _____ Exp. Date _____

Friends of Audubon Society of Portland Membership Registration: (Please write a separate check)

\$25 Introductory \$35 Individual \$45 Family \$60 Wren \$100 Goldfinch

Health Form

Are there any **health concerns** we should consider when planning your child's class?

(Casts, Asthma, Allergies, etc...) List medications, when taken, and purpose: Attach separate page if necessary.

Describe any **behavior concerns** that should be considered for group learning (ADD, Hyperactive, etc.)

Emergency Numbers (if parents can't be reached):

Name: _____ Phone: _____

I give my permission for Audubon Society of Portland staff to provide first aid for the child named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to Good Samaritan Hospital or the nearest medical facility. I agree to indemnify and hold Audubon Society of Portland, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.

Parent/Guardian Signature _____ Date _____

Health Insurance Company _____ Policy # _____

Photo/Video Release

I give the Audubon Society of Portland the right and unrestricted permission to copyright and/or use and/or publish (1) the image or likeness on videotape, and (2) photographic pictures of the individual named on this form, including but not limited to, the promotion of the Audubon Society of Portland and its programs.

Parent/Guardian Signature _____ Date _____