

Audubon Society of Portland Winter or Spring 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**
- ◆ 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.

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

Parent/Guardian: _____ 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: \$** _____

Are you a member of Portland Audubon **Yes** **No**

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

Credit Card (a \$4.50 charge is added to credit card payments)

Credit Card Number _____ Exp. Date _____ Security Code(3digit) _____

Billing Zip _____ Signature _____

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

\$45 Individual \$65 Family \$75 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.)

Describe any **Dietary Restrictions** that your child might have (Gluten Free, Vegetarian, etc.)

Medications:

We will ask you to fill out a "Medical Release Form" for any medications that need to be administered during the duration of your child's participation in an Audubon Camp. We have the following medications on-site and in our first aid kits which are used to manage injury or illness.

Please check the medications that your camper cannot be given.

Ibuprofen (Advil, etc.)

Acetaminophen (Tylenol, etc.)

Oral antihistamine (Benadryl/Zyrtec)

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

Name: _____ Phone: _____

(con't)

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 _____

Yes! I would like to receive information about upcoming educational camps, trips, and classes

Yes! I would like to receive Portland Audubon's BirdWord e-newsletter

*By signing up for camp, you will automatically receive an email at the start of our winter, spring, and summer camp registration periods.

How did you hear about us? <input type="checkbox"/> From a friend <input type="checkbox"/> Our Summer Camp Catalog <input type="checkbox"/> Our website <input type="checkbox"/> The Warbler <input type="checkbox"/> Facebook <input type="checkbox"/> Our e-newsletter <input type="checkbox"/> The Oregonian <input type="checkbox"/> Other

Optional Information

Answers for the following questions are optional, and are used by our administrative staff to track program participant demographics.

With which race(s)/ethnicity(s) do you identify? <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Latina/Latino or Hispanic <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Slavic or Russian <input type="checkbox"/> Other
