



# Neonate Reptile Encounters 2017 Summer Camp Registration

*(This registration is for our Neonate camps – only for campers ages 6 - 7)*

Thank you for your interest in the Phoenix Herpetological Society's Neonate Summer Camp Program: Reptile Encounters 2017! We are passionate about the conservation of native & exotic reptiles and are excited to share our animals, experience, and knowledge with your child. We appreciate the effort you are putting forth in this registration process. Please know that everything we ask for in this registration is to help prepare our staff, counselors, and volunteers for the individual children who will be attending each camp & to ensure that each child has the experience of a lifetime. **Your detailed, accurate answers help us achieve a safe & well-prepared camp atmosphere.**

## Camp Details

- ✓ To apply, send the completed enclosed registration form (please make sure to sign and initial where required) and your payment via email (preferred) or U.S. mail. I will confirm receipt of all and provide additional information then.
- ✓ All camps begin promptly at 10:00 am and end at 2:00 pm. Please make appropriate transportation arrangements. If you need before or after care, please complete that section on the last page so that we are prepared for your child on those days. (Additional fees apply).
- ✓ Registration cost is \$150 per child. This covers all 5 days of camp, a t-shirt, healthy afternoon snacks, water, a camp journal, & all lab supplies. Space is limited; we cannot offer refunds upon cancellation or missed days.
- ✓ We do offer a discount for siblings and/or registering for multiple camps: \$25 off each additional camp.
- ✓ Please note this is an academic camp, but is full of fun, memorable, and positive activities and experiences for your child.

## Information for Parents

- For our returning campers, we will do check out a little differently this year and you will receive more information about that after your child's registration has been processed. We will still require ID of anyone picking up your child – this is for **their safety** so please be sure that you or anyone authorized to pick up your child brings a picture ID with them. We will not release your child without proper ID.
- Check in will start at 9:45 am each day. Before/after care options are on page 5 of this registration.
- Your child must wear a Reptile Encounters 2017 Summer Camp T-Shirt each day. You may purchase an additional t-shirt by completing that section of the registration on page 3.
- Your child must bring a sack-lunch each day. **We do not provide lunch.**
- Our mailing address is different than our physical address. Please send all correspondence to our mailing address!
- Please notify me (Crystie) **in advance** if you pick up or drop off your child at an irregular time.
- We cannot apply sunscreen or insect repellent to any camper. Please apply either or both prior to camp, as campers will be outside for part of the day each day and mosquitoes are an unavoidable but ongoing concern during camp.
- When I receive a registration, I will send more information via email, so please be sure to put down the email address you will use most often on page 3 of the registration form.
- Please **DO NOT SKIP** any section of this registration. They are all important and need to be acknowledged by the parent/guardian signing the child up for camp. Please do not cross out any section or write N/A where the child's name or your initials should go.
- Only submit pages 3 – 5 of the registration. Keep pages 1 & 2 for your records.

### What To Expect During Camp

- ✓ **First Day of Camp:** 1) Bring sack lunch. 2) Bring sealed bag of OTC medications (if necessary). 3) Bring separate, sealed bag of prescription medications (if necessary). 4) Come to the check-in table with your child between 9:45 & 10:00 am. This is when your child will receive their 2017 t-shirt and you will confirm his/her emergency information. 5) Pick up your child at 2:00 pm, with proper ID.
- ✓ **Every Day Of Camp:** 1) Bring lunch & wear Reptile Encounters 2017 T-Shirt. 2) Check in between 9:45 & 10:00 am with sealed bag of prescription medications (if necessary). 3) Pick up your child at 2:00 pm, with proper ID. 4) Please be prepared for your child's enthusiasm about the animals they studied each day. They will want to share their new knowledge and experiences with you.
- ✓ **Last Day Of Camp:** 1) Bring lunch & wear Reptile Encounters 2017 T-Shirt. 2) Check in as normal. 3) On this day, we will allow parents/guardians to participate in an informal tour of our sanctuary with the campers, so that they may show off what they have learned and share their favorite experiences. Please arrive early (at 1:30 pm) so that you can enjoy this experience with your child. If you cannot attend, you may arrange for an authorized alternate pick-up to attend in your stead. 4) When you check your child out for the last day, you will also pick up the bag of OTC medications you dropped off on the first day of camp (if necessary).

#### Mailing Address

Please send pages 3 – 5 of all registrations, payments,  
& other forms to our mailing address:

Phoenix Herpetological Society  
Attn: Reptile Encounters Summer Camp  
20701 N. Scottsdale Rd.  
Suite 107 – PMB 401  
Scottsdale, AZ 85255

#### Physical Address

When camp begins, *do not drive to our mailing address; it is a post office box.* You will drop off/pick up your child from our physical address, which is where the sanctuary is actually located. *Do not mail ANYTHING to this address:*

Phoenix Herpetological Society  
28011 N. 78<sup>th</sup> St.  
Scottsdale, AZ 85266

Driving Directions to PHS from Loop 101: Take Loop 101 to Scottsdale Road; exit Scottsdale Road; turn right onto Scottsdale Rd. (North). Proceed approximately 6 miles to Dynamite Blvd.; turn right onto Dynamite Blvd. (East); proceed ½ mile to 78<sup>th</sup> Street (dirt road); turn right onto 78<sup>th</sup> St. (South). PHS is the 2<sup>nd</sup> Property on the left; you will receive further parking/drop-off/pick-up instructions after your registration is accepted.

#### **Ready to submit this registration? Please make sure to check the following before sending it in:**

- ☐ Did you answer every question, initial everywhere requested & thoroughly complete your child's medical history & medical insurance information sections? Again, this is for the overall safety of your child while they are at camp.
- ☐ Did you include payment? Please make sure to account for extra shirts, before/after care, and/or discounts.
- ☐ Are you mailing this to the correct address? Please only send pages 3 – 5 of this registration to the **mailing address** above.
- ☐ Do you have any questions? Or is there any other information you would like to share or provide PHS regarding your child and/or his/her involvement in a 2017 PHS Summer Camp? You may use the back of page 5 for any notes or explanations or you can email me at the email address below.

*We are proud to offer fun, exciting, and once-in-a-lifetime camp opportunities for your child & I look forward to a great camp experience with you & your child! Please feel free to email me with any questions you may have. Thanks!*  
- *Crystie Baker, PHS Director of Education & Outreach* [crystie@phoenixherp.com](mailto:crystie@phoenixherp.com) 480.513.4377 x 3

# PHS Summer Camp 2017 Registration

**Please write clearly.** If we cannot read your application or if it is incomplete, we cannot process your application.

## Neonate Reptile Encounters Camp Sessions

Reptile Encounter Summer Camps (\$275): ☐ May 29 – June 2 ☐ June 26 - 30

<b>Camper Information: Full Name:</b>			Male or Female (Circle one)
Preferred First Name:		Date of Birth:	Age (at Time of Camp):
T-Shirt Size (Circle one): Youth Small	Youth Medium	Youth Large	Youth Extra Large
Adult Small	Adult Medium	Adult Large	Adult Extra Large
Do you want to purchase an additional shirt of the same size for an additional \$10? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many? _____			

## Parent/Guardian Information \* We will use the mother as the first point of contact unless otherwise specified. \*

<b>Mother/Guardian's Full Name:</b>			
Address:			
City:	State:		Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:			
<b>Father/Guardian's Full Name:</b>			
Address (if different from above):			
City:	State:		Zip:
Home Phone:	Cell Phone:	Work Phone:	
Email:			

By providing your cell phone number, you allow us to send picture texts during camp. This way, you can see what they are doing while they are at camp each day! If you do not want your child in pictures, please make arrangements on the first day of camp.

## Additional or Other Authorized Pick-Up and Emergency Contact Information

Person(s) Authorized For Camper Pick-Up And Emergency Contact (other than Parents/Guardians listed above)			
<b>Full Name:</b>		<b>Relationship To Camper:</b>	
Home Phone:	Cell Phone:	Work Phone:	
<b>Full Name:</b>		<b>Relationship To Camper:</b>	
Home Phone:	Cell Phone:	Work Phone:	

✓ If anyone other than the parents/guardians listed above will pick up the child, he/she must be listed above.

## General Authorizations

**Approval for Surgical Observation/Use of Medical Instruments:** I, the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor, in consideration of the agreement of Phoenix Herpetological Society ("PHS") do give my approval for said minor to observe surgeries or necropsies performed on animals (as a routine procedure in the veterinary department of PHS) as part of the career curriculum of PHS Summer Camp. I give permission for the above-mentioned minor child to handle blunt medical instruments during curriculum activities to practice veterinary techniques with deceased animals or other supplies. I understand that latex gloves will be available for my child to wear during such activities. I am aware that said minor may witness blood and internal organs of animals; PHS representative will do everything reasonably within their power to protect my child from any possible contamination. I do hereby forever release, acquit, discharge, and hold harmless Phoenix Herpetological Society, its officers, trustees, agents, employees, representatives, successors, and assigns for all manner of claims, demands, and damages of every kind and nature whatsoever which the undersigned or said minor may now or in the future have against PHS, its officers, trustees, agents, employees, representatives, successors, or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment thereof, as a results of or in any way growing out of the acts of PHS, its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence, in rendering the service above described or in any way incidental thereto. Initial \_\_\_\_\_

**Approval for Film & Photographic Publicity:** I, the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor, in consideration of the agreement of Phoenix Herpetological Society ("PHS") as part of the career curriculum of PHS Summer Camp, authorize PHS representatives to use, without obligation to me, any and all photographs and motion pictures taken of said minor for any and all publicity and advertising purposes they may designate. Initial \_\_\_\_\_

**Medical History and Authorizations:** At any PHS Summer Camp, we want your child to be as safe and healthy as possible. Prior to attending PHS Summer Camp and participating in associated activities, Phoenix Herpetological Society ("PHS") employees, volunteers, and representatives must be aware of any and all medical conditions. A professional medical examination or note from a physician may be required depending on conditions. Health and safety compliance is a priority for every visitor to our sanctuary and is a subject of great concern. The collection of these authorizations and information is for your child's safety; only relevant information will be available to camp counselors and staff and is kept strictly confidential at all times. If you feel there are special circumstances regarding your child and his/her medical history or medicines, please contact us directly.

**Over-The-Counter (OTC) Medical Administration Authorization:** PHS does not supply OTC medications for camper use. The parent/guardian is responsible for supplying any OTC medication to a PHS staff member/camp counselor in a sealed bag (i.e. Ziploc, pencil case) with the campers name clearly written on the bag. Medications must be in sealed, original-labeled containers (with 30 or less pills/tablets each) and the parent/guardian must hand deliver the bag of OTC medications to a PHS staff member or camp counselor at check-in on the first day of camp. Campers are not allowed to bring medication or self-administer OTC medication during camp hours. Once turned over to PHS, all medication is kept in a locked cabinet and used only for the specified camper. On the last day of camp, the bag will be returned to the parent/guardian at pick-up. Medication will not be sent home with campers. Any medication not picked up will be discarded. I, the undersigned, as parent/legal guardian of \_\_\_\_\_, a minor, authorize Phoenix Herpetological Society ("PHS") to administer the Over-The-Counter ("OTC") medication(s) listed below as directed on the original package only. I understand that my initial below constitutes a waiver of liability. I agree that when medication is administered, I waive any claims against PHS representatives, counselors or staff arising out of the administration of said medication. I agree to hold harmless & indemnify PHS and its representatives from and against any claims, damages, cause of action or injuries incurred or resulting from the administration of said medication. Initial \_\_\_\_\_

I hereby authorize an adult PHS representative to act on my behalf in administering the following medication on an as-needed basis during the PHS Summer Camp session in which my child is enrolled. All medication will be administered at the discretion of an adult PHS representative, and the delegated adult has the authority to decline the request of an OTC medication if deemed unnecessary, inappropriate, and excessive or could lead to potential harm. I hereby request and give my consent for an adult PHS representative, counselor, or designated staff member to dispense the notes OTC medications to my child. If none, please designate that below.

The following OTC medications that I provided may be dispensed to my child:

- Initial \_\_\_\_\_
- ☐ Acetaminophen (Tylenol)   ☐ Benadryl (liquid/tablets)   ☐ Antacid (TUMS)   ☐ Oragel   ☐ Sudafed  
☐ Ibuprofen (Advil, Motrin)   ☐ Naproxen Sodium (Aleve)   ☐ Other: \_\_\_\_\_   ☐ None

**Prescription Medication Administration and Release Authorization:** If a camper needs or may need to take a prescription medication during PHS Summer Camp, the parent/guardian is responsible for supplying any prescription medication to a PHS representative each morning at drop-off in a sealed bag. The parent/guardian will pick up the sealed bag of prescription medications when he/she picks up the camper at the end of each day. Prescription medications brought to PHS Summer Camp must be listed on this form, have the original label and the child's name. Campers are not allowed to bring medication themselves or self-administer prescription medication during camp hours. The only exception to this is if the child needs an inhaler; campers are allowed to keep prescription inhalers with them at all times of camp, unless specific instructions are given by the parent/guardian. Initial \_\_\_\_\_

I, the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor, authorize Phoenix Herpetological Society ("PHS") to administer the following physician prescribed medication/dosage to my child during PHS Summer Camp. Medication must be in original containers with doctor authorization & original pharmacy label. I also agree that PHS representatives, counselors, and/or staff shall not be held liable for any loss, damage, injury, or liability of any kind to any person caused or arising from acts, omissions, or negligence of PHS & representatives related to the administration of medication to my child referenced above. Initial \_\_\_\_\_

*In summary*, if your child brings OTC or prescription medication, they must be in separate, sealed bags: OTC medication in one sealed bag, prescription medication in another sealed bag. Your child's name must be clearly written on each bag. OTC medications are dropped off the first day of camp, and returned at pick up on the last day of camp. Prescription medications are dropped off and returned each day. Medications will not be handled by campers; only parents/guardians & adult PHS staff are allowed to handle or transport OTC or prescription medications. The only exception to this is if the child needs an inhaler; campers are allowed to keep prescription inhalers with them at all times of camp. Initial \_\_\_\_\_

The table below accurately describes the prescription medication that my child, \_\_\_\_\_, requires. I have answered this truthfully & completely. If my child takes no prescription medication, I have written N/A (Not Applicable). Initial \_\_\_\_\_

Medication Name	Dose (mg)	Time (am/pm)	Purpose of Medication	Special Instructions (storage, etc.)	Prescribing Doctor's Name

Camper's Full Name: \_\_\_\_\_

**Medical History:** The following is an accurate account of my child, \_\_\_\_\_, and his/her medical history. I have answered this truthfully and as completely as possible. If none, please designate below. Initial \_\_\_\_\_

Does your child have any of the following health concerns: ☐ Asthma ☐ Chronic Headaches ☐ Diabetes ☐ Seizures  
☐ Skin Issues ☐ ADD/ADHD ☐ Lung/Kidney/Heart/Thyroid Disease ☐ None ☐ Other (explain below)

If yes to any, please explain. \_\_\_\_\_

Has your child had a recent illness or injury that requires special attention or consideration during camp? ☐ Yes ☐ No

If yes, please explain. \_\_\_\_\_

Has your child had a tetanus shot within the past 12 months? ☐ Yes ☐ No

Does your child wear glasses or contact lenses to correct vision? ☐ Yes ☐ No

Does your child have any other illness, injury, or medical condition which may affect or interfere with camp activities or participation? ☐ Yes ☐ No If yes, please explain. \_\_\_\_\_

Does your child have any allergies? This includes food, substances (latex, medication, etc.), animals, etc. ☐ Yes ☐ No If yes, please explain each allergy, triggers, effect, and treatment. \_\_\_\_\_

Does your child have any mental, emotional, behavioral, developmental, or physical issues that may require specific attention during camp? ☐ Yes ☐ No If yes, please explain and include information on what PHS representatives should be aware of and what precautions should be taken. \_\_\_\_\_

**Accident Liability & Medical Services:** Phoenix Herpetological Society ("PHS") programs are a public service and we are unable to accept liability in the case of an accident. It is necessary to have your consent and agreement prior to program participation, that the sponsoring organization/personnel will not be held liable in case of accident, injury, or illness. I hereby give permission for my child, \_\_\_\_\_, to participate in all PHS program activities associated with PHS Summer Camp. PHS representatives will not be held responsible in case of accident, mishap, or illness. Should an emergency arise, I give my permission for PHS representatives to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, injections, anesthesia and/or surgery, as he/she may deem essential for the care and well-being of said minor. Such action is to be taken only when immediate contact with the undersigned or any authorized emergency contacts provided cannot be made. Initial \_\_\_\_\_

**I understand that it is my responsibility to inform PHS representatives if my child has a medical condition, allergy, physical or other disability or condition that may require special attention. I agree to indicate such conditions on the Health and Medical Release herein, and discuss the situation in person with PHS representatives prior to my child attending camp.** Initial \_\_\_\_\_

**Medical Insurance Information:** Insurance Provider: \_\_\_\_\_ Group #: \_\_\_\_\_ ID#: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Primary Care Physician (Street, City, State, Zip): \_\_\_\_\_

Preferred Area Hospital: \_\_\_\_\_ *Note: Please write "Self-Pay" if there is no current policy for your child. If you do not have a hospital preference, please write "No Preference" and the closest facility will be selected*

**Before-Hours & After-Hours Care:** Do you need to include before or after care for your child? ☐ Yes ☐ No Before or After Care for any camp is \$15 per time slot. Please fill out the chart below by checking or initialing each time slot you need.

	Before: 8:00 – 9:00 am	Before 9:00 – 9:45 am	After: 2:00 – 3:00 pm	After: 3:00 – 4:00 pm	After: 4:00 – 5:00 pm	Total Care:
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Registration Fee(s): \$ \_\_\_\_\_  
+ Extra T-shirt(s): \$ \_\_\_\_\_  
+ Before/After Care Cost?: \$ \_\_\_\_\_  
- Discount (if applicable): \$ \_\_\_\_\_  
Total Amount Due: \$ \_\_\_\_\_

**Payment:** How will you pay for your child's camp registration and any applicable extras? Please use the gray box above to calculate the total amount due and use that amount below.

☐ Check (Made payable to "PHS") ☐ Cash – Please do not mail cash. Email Crystie to make arrangements.

☐ Credit Card: Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CSC: \_\_\_\_\_ Signature: \_\_\_\_\_

Total Amount to be charged (include all camp sessions, extra t-shirts, discounts, & before/after care): \$ \_\_\_\_\_

(You may pick up a copy of your credit card receipt on the first day of camp, unless other arrangements are made.)