

# Camps in the Gardens

## Monk Botanical Gardens

Parent/Guardian Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Nickname: \_\_\_\_\_

Child's Grade (as of fall 2019):

Child's T-Shirt Size:

(Registration must be received by May 17<sup>th</sup> to guarantee requested shirt size)

Home Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Names and phone numbers of those who will be picking up camper: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Camp(s) Registering for (circle or highlight those attending):

**Pre-K-1<sup>st</sup> Grade**

**2<sup>nd</sup>-4<sup>th</sup> Grade**

**5<sup>th</sup>-6<sup>th</sup> Grade**

Before Camp Care (circle weeks needed):

**Pre-K-1<sup>st</sup> Grade**

**5<sup>th</sup>-6<sup>th</sup> Grade**

**2<sup>nd</sup>-4<sup>th</sup> Grade**

## Medical Release

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Concerns

Please list any medical issues including allergies, emotional and/or behavioral issues your child may have in order to allow our teachers to provide the best possible experience for your child.

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### Medication

Please list all medication and dosage your child is currently administered. If your child needs to take any medication (including Epi-Pens) while participating in a Monk Botanical Gardens Camp, you must complete the Authorization to Administer Medication section of this form.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**Permission to Participate and Medical Release**

Being a parent or legal guardian of the above-named minor, I do hereby appoint Monk Botanical Gardens and the Emergency Contact listed above to act in my behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above-named minor in the vent that I cannot be reached. This document will be presented to a physician, dentist or appropriate hospital representative at such time as emergency medical, dental or surgical care or hospitalization may be required.

The undersigned hereby agrees to indemnify and hold harmless Monk Botanical Gardens, its agents and employees, from any and all liability, loss, damage, expense, causes of action, suits, claims or judgments for injury to the above mentioned child or other persons or the property resulting from or arising out of the participation of the above mentioned child as a Monk Botanical Gardens Camp participant, and shall at his/her own cost and expenses defend any and all actions or suits which may be brought against Monk Botanical Gardens, either alone or in conjunction with others, upon any such liability, claim, or claims and shall satisfy, pay and discharge any and all judgments, and fines that may be recovered against Monk Botanical Gardens in any such action or suit, provided, however that Monk Botanical Gardens shall give to the undersigned written notice of any such claim or demand.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photo Release**

\_\_\_\_\_ By initializing this section I agree that photos of my child may be used in Monk Botanical Gardens publications and advertising.

**Payment**

Checks payable to Monk Botanical Gardens can be sent to the address below. Camps are \$120 per week (\$100 per week for members). If registering for before camp care, add an additional \$30 per week.

Monk Botanical Gardens  
518 S 7<sup>th</sup> Ave  
Wausau, WI 54401

**Registration is not complete until all forms and payment are received. Confirmation of registration will be emailed to you at the email address provided. Additional camp information (including what to bring, what to expect, etc.) will also be sent by email approximately one week prior to the first day of your child's camp week.**