



**Wilderness Survival Camp**  
 From 9 a.m. – 4 p.m., Ages 5-12



**Child's Information**

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

Age: \_\_\_\_\_ Gender (circle): M F Grade Level: \_\_\_\_\_

**Parent's Information**

Parent's Name: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to be added to your mailing list.

**Mail registration forms and payment to:** The Discovery Center  
 1937 N. Winery Ave.  
 Fresno, CA 93703

**OR Give us a call to reserve your child's space! (559) 251-5533**

**Day Rate Prices**

- Members: \$35
- Non-Members: \$40

**Weeklong Camp on Jan. 4-8**

- Members: \$160
- Non-Members: \$190

1. Check the box to register for the ENTIRE WEEK of Wilderness Survival Camp
2. ...OR circle just the days your child wants to attend:

**January 4<sup>th</sup> - 8<sup>th</sup>**

Mon Tue Wed Thur Fri

[www.thediscoverycenter.net](http://www.thediscoverycenter.net)

# The Discovery Center Camp Health Forms

**To be filled out by parent or guardian and returned with registration form prior to camper's admittance.**

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

Approximate date of last medical exam: \_\_\_\_\_

Has there been any serious accident or illness since then?      Yes      No

If yes, please describe: \_\_\_\_\_

Approximate date of last tetanus shot: \_\_\_\_\_

List any physical limitations: \_\_\_\_\_

History of any of the following illnesses or allergies (check all that apply):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Stomach Problems	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Sleep Disturbances
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Allergies to: _____
<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Convulsions	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sinus Infections	Other: _____

Please give more information including how to treat conditions on the checked boxes:

\_\_\_\_\_

Any Dietary Restrictions: \_\_\_\_\_

**Any medication taken to day camp must be checked in with the office. All instructions for such medications must be fully explained and signed by the parent or guardian. NO medication may be given without written consent from the parent or guardian. Medication must be in the original container with physicians written dosage instructions on it.**

Medication	Dosage	Time(s) to be given:	Reason for medication:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I do \_\_\_ do not \_\_\_ give permission for medical staff to administer over the counter medications as necessary (i.e. Calamine Lotion, Neosporin, etc.)

Should it be necessary for my child to have emergency medical treatment and I cannot be contacted for consent, I hereby authorize The Discovery Center personnel to use their best judgment in obtaining emergency medical services for my child. I further authorize any individual selected by The Discovery Center personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that The Discovery Center holds no responsibility for any and all medical or hospital expenses that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone #s: \_\_\_\_\_

Emergency Contact if parent/guardian is not available: \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Relationship \_\_\_\_\_

## The Discovery Center Media Release Form

I, the undersigned, do hereby grant or deny permission to The Discovery Center to use any images taken of my child, \_\_\_\_\_, as marked by my selection below with out any financial compensation. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on The Discovery Center web site.

- Deny permission to use my child's image at all.
- I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by The Discovery Center for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Date \_\_\_\_\_

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

Print Your Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

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