



BOWMAN'S HILL WILDFLOWER PRESERVE
P.O. Box 685
New Hope, Pennsylvania 18938-0685
(215) 862-2924 · Fax (215) 862-1846
www.bhwp.org · bhwp@bhwp.org

Summer Camp Registration Form

Please complete this form and return to Bowman's Hill Wildflower Preserve's Summer Nature Camp with your **\$50 non-refundable deposit** (check or credit card) to reserve your camp space. **The balance is due one week prior to the first day of your child's camp session.** Separate forms and deposits must be made for each child. Please print neatly! Upon receiving your deposit, we will send you a confirmation letter with more information on the camp and what to send with your child. If you have any questions, please don't hesitate to contact Hildy Ellis at the Preserve, (215) 862-2924, or Pam Newitt at Nature By The Yard, (609) 610-6292.

Summer Camp fees: Preserve members: \$160 (\$140 each for additional children in same family)
Non-members: \$180 (\$160 each for additional children in same family)

Session attending (please circle): Session I: July 18 – July 22 (Balance due Monday, July 11, 2005)
Session II: July 25 – July 29 (Balance due Monday, July 18, 2005)

Child's Name: _____

Date of Birth: _____ School: _____

Parent/Legal Guardian Names: _____

Address: _____

Day Phone: _____ Evening Phone: _____

3 Emergency Contacts Other Than Parents:

Name: _____ Day Phone: _____ Evening Phone: _____

Name: _____ Day Phone: _____ Evening Phone: _____

Name: _____ Day Phone: _____ Evening Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurance Co.: _____

Policy #: _____

People permitted to pick up child, including parents:

Medical Information

Please list any behavioral or medical concerns your for your child. For example: **allergies**, medications, unusual fears, hyperactivity, etc. (continue on separate sheet if necessary): Please also attach a current immunization record for your child.

Waiver and Release

I, the undersigned, on behalf of my child (“Child”) do hereby agree to waive and release, hold harmless, indemnify and forever discharge Bowman’s Hill Wildflower Preserve and all its officers, agents, trustees and employees from any and all claims, debts, demands and actions or causes of actions, of every kind and nature, whether known or unknown, in law or equity that I or my Child ever had or may have, arising from or in any way related to my Child’s participation in the Bowman’s Hill Wildflower Preserve Summer Nature Camp, provided that this waiver of liability does not apply to any acts of gross negligence or intentional, willful or wanton misconduct. Further, I do certify that my child has no medical or psychological conditions that would preclude such participation and I authorize Bowman’s Hill Wildflower Preserve, through its authorized agents, to secure for my child any necessary medical treatment.

If a tick should be found on my child, I do _____ do not _____ give permission for a staff member to remove it.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____

Please return this form filled out IN FULL with your \$50 deposit (Check or Credit Card) to reserve your child’s place in camp.

**The balance of your camp tuition is due: Session I: Monday, July 11, 2005
Session II: Monday, July 18, 2005**

Check Enclosed

Send to:
Summer Nature Camp
Bowman’s Hill Wildflower Preserve
P.O. Box 685
New Hope, PA 18938

Circle: Visa MasterCard Discover AmericanExpress

Card number: _____

Exp. Date: ____ / ____

Signature: _____