

Registration Form

Stop by the Museum to fill out a registration form. Please note, an initial 50% payment is required with registration. We must have your total camp fee the Friday before your registered camp session to confirm your child's place in the camp.

Refund Policy

Sorry no refunds are possible unless you can provide a substitute for your camper.

Camp sessions are limited in size! Call 979-776-2195 for details and to check availability. Office hours are Tuesday-Saturday from 10 am-5 pm. Please make checks payable to *Brazos Valley Museum*. Please return forms to Brazos Valley Museum, 3232 Briarcrest Drive, Bryan, Texas 77802.

Camper's Name: _____ D/O/B: ___/___/_____ Age: _____ M / F

Grade Level (entering): _____ T-shirt size (Youth): S M L XL (*limited to one per child*)

Contact Parent/Guardian: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Other Parent/Emergency Contact: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Please Circle: *Friend* of Museum? Y N

Please Circle: registering for Week: 1 2 3 4 5 6 7 8 9

Please circle: Summer Extension Day Camp (SEDC): *Rainforests!*

Monday (8/15)
South America

Tuesday (8/16)
Africa

Wednesday (8/17)
India

Thursday (8/18)
China

Friday (8/19)
Australia

of Camp Sessions _____ x fee _____ = _____
Plus Before/After Camp + _____
Minus Discount - _____
Total Camp Payment _____
Plus "Friends" Payment (Membership) + _____
Total Amount Due _____

BRAZOS VALLEY MUSEUM OF NATURAL HISTORY

STUDENT/PARENT POLICY FORM

The safety and welfare of all the participants in the Nature Camp program is the Brazos Valley Museum's utmost concern. Policies have been set to ensure that each child has a meaningful, educational, and enjoyable experience while exploring science in a secure and stimulating environment.

*Mail or bring your camp registration form, signed copy of this policy form, and a signed liability waiver by the first day of camp.

*Children will not be released to anyone other than a parent without written notification.

*Students are required to listen to instructions and follow directions given by the Nature Camp Instructors, Interns, and Volunteers in order to learn and get the most out of their camp experience.

*Students that are disruptive, unruly, or violent will be excused from the class, and the parents will be notified to pick up their children if this occurs.

*Students excused for bad behavior will be asked to write a letter of apology to the instructor of the class. Students excused a second time for bad behavior will be removed from the camp for the remainder of the Nature Camp program.

*If your child is removed from the camp for disciplinary reasons, there will be no refunds.

***BY SIGNING THIS FORM, PARENTS AND STUDENTS UNDERSTAND AND AGREE TO ABIDE BY THESE POLICIES:**

Parent Signature

Printed Name

Date

Student Signature

Printed Name

Date

****Both Parent & Students MUST read & sign this form****



NATURE CAMP LIABILITY WAIVER

Camper Name: _____ Camper Age: _____
Date of Camp: _____

1. Emergency Contact PLEASE PRINT NEATLY

Name _____
Phone _____ Relationship to Camper _____

2. Medical Insurance Information

This camper is covered by family medical/hospital insurance. YES _____ NO _____
Insurance Company _____
Policy Number _____

3. Immunization and Allergy History

Date of Last Tetanus shot _____
List Drug Allergies _____
List Food Allergies _____
Other Medical Problems or restrictions _____

Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. *(Attach additional information if needed)*

4. Camp Pick-Up

If someone else will be picking up your child from camp, attach a note or designate their name and information below.

Parent/Guardian Authorization for Health Care:

I, we, the parent/parents/legal guardians of the above camper, for and in consideration of my child's participation in a public program under the supervision of the BRAZOS VALLEY MUSEUM OF NATURAL HISTORY, hereby agree and promise not to hold the BRAZOS VALLEY MUSEUM OF NATURAL HISTORY, nor its employees and others who are assisting, responsible for any loss, damages or personal injuries that our child may receive as a result of such participation. This waiver of liability expressly includes any activity related to or occurring during any Brazos Valley Museum Camp session and responsibility for any loss, damages, or personal injuries that you may receive therefore.

I understand that there are some risks inherent in the activities that are included in the class, but willingly assume these risks in order to participate. I also agree to instruct my child to follow all instructions and procedures in order to maintain a maximum level of safety. I give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required.

Signature of Parent/Guardian _____

Date _____