



Immunization records **required** for participation.

# Exploring Nature REGISTRATION MATERIALS



Complete one set of materials for each child.

Registration and payment deadline is June 1<sup>st</sup>. Your child will not be allowed to participate without the completed required forms on file. For liability and safety reasons as well as unnecessary confusion on the first day, all required paperwork must be completed and received by June 8<sup>th</sup> or your child may be dropped from the program.

## EN 2018 REGISTRATION FORM - PART A

Child's Full Name (first, last): \_\_\_\_\_ Child's School: \_\_\_\_\_

Birth Date (mo/day/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Grade: \_\_\_\_\_

✓ Gender:  Male  Female Attended EN last year?  yes  no

EMERGENCY CONTACT  
(& relationship to your child)

Custodial (Parents/Guardians)			relationship to your child ( _____ )
Full Name (first, last)			
Address			
City			
State & Zip			
Phones (home, work, cell)			
Email			

### BEHAVIOR CODE

✓  I have read the Behavior Code below and discussed it with my child.

Participant safety is a high priority. These rules are meant to ensure your children have a safe and enjoyable experience.

1. I will be respectful to all living things (people, animals, plants) while attending Exploring Nature (EN).
2. I will follow instructions from the EN staff.
3. I will respect the property.

*Failure to comply with the above expectations will result in discussion between the child, EN staff, and the parent/guardian and possible removal from the program.*

### PHOTO RELEASE

✓  yes  no I give permission to use photos in which my child appears for Exploring Nature publicity.

### CHILD DROP-OFF AND PICK-UP INFORMATION

We require that you (or a designated person) go to the group's meeting spot each day to sign in and sign out your child.

✓  In addition to the parents, guardians or contact people listed above, the following persons are authorized to pick up my child.

Name \_\_\_\_\_ Relationship to your child \_\_\_\_\_

Phones (Home, Work, Cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to your child \_\_\_\_\_

Phones (Home, Work, Cell) \_\_\_\_\_

## EN 2018 REGISTRATION FORM - PART B

### HEALTH HISTORY

Provide complete information so that we can be aware of your child's needs.

**EXPLAIN** any medical considerations such as asthma, diabetes, etc. or special needs such as vision, hearing, language, etc.

**DESCRIBE** allergy triggers, reactions and management of the reaction.

**EXPLAIN** any restrictions to activity such as recent injuries or what cannot be done.

**SPECIFY** any special diet and condition.

*Parents or guardians of children with disabilities who may need accommodations should contact:  
Dr. Diann C. Jackson at 315-312-6678 or email [diann.jackson@oswego.edu](mailto:diann.jackson@oswego.edu) upon registering.*

## EN 2018 REGISTRATION FORM - PART C

To register for the program, remember to complete the registration form, Parts A, B and C, Medical Authorization Form and Immunization Records then send them with your payment. Your complete registration materials can be sent by email, U.S. mail or dropped off at Rice Creek. If you email your registration materials, then your registration will not be processed until payment is received. A limited number of needs-based scholarships are available for those who qualify. **The deadline to apply is March 1<sup>st</sup>.**

Check the Exploring Nature session(s) for \_\_\_\_\_  
(Child's Name)

		RCA Member	Non- Member	TOTAL (per child)
✓	<input type="checkbox"/> July 9 to 13	\$165	\$180	
✓	<input type="checkbox"/> July 16 to 20	\$165	\$180	

**Amount Due** \$ \_\_\_\_\_

#### EN REGISTRATION MATERIALS COMPLETED

- ✓  Page 1
- ✓  Page 2
- ✓  Page 3 ~ Remember to include signatures where there is an X.
- ✓  Immunization Record

#### EN PAYMENT

- ✓  I have submitted a Scholarship Application. I understand that my EN payment is deferred and is due when scholarships have been determined.
- ✓  Cash enclosed.
- ✓  Check enclosed payable to Oswego College Foundation INC — EN 2018
- ✓  I have paid online at [www.oswego.edu/exploringnature](http://www.oswego.edu/exploringnature)

EMAIL your completed registration materials to: [diann.jackson@oswego.edu](mailto:diann.jackson@oswego.edu) (subject line EN 2018 — REG)

MAIL your completed registration materials with cash or check payment to:

EN 2018 — REG, Rice Creek Field Station, SUNY Oswego, Oswego, New York 13126

# \* MEDICAL AUTHORIZATION \*

For Emergency Treatment of Minor at Oswego Hospital  
for a child attending *Exploring Nature*, SUNY Oswego

Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_

**In the event that I/we cannot be reached, I/we, being the parent(s) or legal guardian(s) of the above named minor do appoint:** [Do not select Exploring Nature or RCFS staff.]

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phones: \_\_\_\_\_

**to act in my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization for the above named minor during the period of:** [check the appropriate dates]

**Week I - July 9 to 13, 2018**  **Week II - July 16 to 20, 2018** **in my/our absence.**

This document shall be presented to a physician, dentist, or Oswego Hospital representative at such times as emergency, medical, dental, surgical care or hospitalization may be required.

Parent/Guardian Name _____	Witness Name _____ <small>Spouse or other adult</small>
Signature <input checked="" type="checkbox"/> _____	Witness Signature <input checked="" type="checkbox"/> _____ <small>Spouse or other adult</small>
Address _____	Address _____
State _____ Zip _____	State _____ Zip _____
Phone ( ) _____	Phone ( ) _____
Date _____	Date _____

### **Hospitalization Coverage for Above Named Minor**

Insurance Company or Government Program: \_\_\_\_\_ I.D. or Contract Number: \_\_\_\_\_

### **Pediatrician**

Name and Telephone Number: \_\_\_\_\_

### **Family Physician(s)**

Name and Telephone Number: \_\_\_\_\_

Required for all participants is the **signed medical authorization form** as well as a **photocopy of your child's Record of Immunizations** obtained from your physician and submitted on the **physician's stationery**.

yes or  no Are immunizations for above named minor current and up-to-date?  
Allergies/Medical Considerations: \_\_\_\_\_ Current Medications: \_\_\_\_\_

**By submitting this EN registration, either electronically or in print, I acknowledge that the statements on these materials are true. My child presents no hazard from contagious and communicable diseases and is in good general physical and mental health.**

Parent/Guardian SIGNATURE  \_\_\_\_\_ Date \_\_\_\_\_