2020 Summer Camp Mail-in Registration Form

Please use a separate form for each child. Forms available at CAS Centers, at www.ctaudubon.org and by photocopy

Participant’s Name_________________________________ Age_____ Birth date___________ Grade completed

Name of Parent or Legal Guardian______________________________________________________

Address______________________________________ Phone: Home(____)___________________________

City___________________________State____ ZIP_________ Phone: Cell(____)_________ Work(____)__________________

E-mail Address________________________________________________________________________

Emergency Contact Name (other than Parent)___________________________________________Phone(____)______________________

List any allergies or medical conditions: _____________________________________ Bringing an Epi-Pen? Yes or No

How did you hear about the program:________________________________________________

1.____________________________________________________________________________________

2.____________________________________________________________________________________

3.____________________________________________________________________________________

4.____________________________________________________________________________________

Connecticut Audubon Society Annual Family Membership ($55)
(To receive a member discount, your membership must be current at the Chickadee level or higher, both at the time of registration and during your child’s camp attendance.)

Total Payment Enclosed $__________

Method of Payment:         ____Check enclosed      ____MasterCard       ____Visa      ____Amex

Name on card: ___________________________________  Signature: ________________________________

Card Number: __________________________________________ Exp. Date: __________________________

Make check payable to Connecticut Audubon Society. Mail registration form & check or credit card info to the appropriate CAS Center.

Parental Permission Form

This section must be completed by a parent/guardian for all program registrations

I certify that my child_________________________________, is healthy and free of problems that could be deleterious to his/her participation in Connecticut Audubon Society (CAS) programs or classes. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the person listed at the emergency number that I have listed above who is authorized to give permission to treat my child. I also give CAS permission to treat my child in the event of an emergency if I, or the emergency contact, cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise. Also, if programs or classes meet or travel to other areas, I give permission for my child to be transported there.

Pediatrician’s Name and Telephone Number___________________________________________(______)________________________

I give permission to Connecticut Audubon Society (CAS) to photograph my child__________________________ who is participating in a CAS program or class. I also give permission to Connecticut Audubon Society to use the photographs of my child for promotional purposes, including but not limited to the CAS web site, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials

I hereby release Connecticut Audubon Society (CAS) from any and all liability, claims or expenses in connection with any injury to my child resulting from my child’s participation in a Connecticut Audubon Society (CAS) event.

Signature:_________________________ Relationship to child:______________ Date: __________