



Garden Discovery Camp 2011 Registration

1. Camper's Name: _____ 2. Date of Birth: _____
 3. Current Age/Grade: _____/_____ 4. Gender (M/F) : _____

5. Parent(s)/Guardian(s): _____

6. Home Address: _____

City: _____ State: _____ Zip Code: _____

7. Phone (home): _____ 8. Phone (business/cell): _____

9. Email: _____

10. **Emergency Contact:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

11. Phone (home): _____ 12. Phone (business/cell): _____

13. Relationship to Child: _____

14. Session (please check one) Cost is \$30 per session; a reduced fee of \$25 per session applies to CLDS members and Butler Township residents. *Please make check payable to "CLDS."*

___ Session 1: June 13-17 ___ Session 2: June 20-24 ___ Session 3: July 25-29 ___ Session 4: Aug 1-5

15. Child's T-Shirt Size: ___ Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M

16. Photo Release: I give permission for my child's photograph to be used in CLDS publications and for advertising and promotions (please check): ___ (yes) ___ (no)

17. Family Physician: _____ 18. Phone: _____

19. Allergies (please check) 20. Health Conditions (please describe):

<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Drugs (specify) _____
<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Food (specify) _____
<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Other (specify) _____

The health history is correct to the best of my knowledge and the person described within has permission to engage in all camp activities except as may be noted. I give permission to have my child treated by a physician in case of a severe illness or emergency in which I cannot be reached (please initial): _____

21. The Center for Landscape Design & Stewardship (CLDS) acknowledges that your child has voluntarily enrolled in the Garden Discovery Camp located within Freedom Park at the Butler Township 'Human Nature' Community Garden, 415 W. Butler Drive, Drums, Pennsylvania. By signing this Release and Waiver of Liability, on behalf of yourself and your child, you hereby release and hold harmless Butler Township, the CLDS and its officers, directors, interns, and employees, from any and all liability, damage, loss, or claim that occurs in connection with camp activities, or your child's presence within the garden.

Signature of Parent/Guardian

Date

Mail your completed registration form and check (made payable to 'CLDS') to the Center for Landscape Design & Stewardship, 8 Sidehill Trail, Sugarloaf, PA 18249