Cope Environmental Center's Summer Adventure Programs Registration Form

Instructions: We are excited that your child has chosen to participate in the summer programs at Cope Environmental Center. We look forward to your child's visit. In order to better serve your child, please fill out the entire form. Please complete one form for each participant and return with your registration fee. Mail to: 1730 Airport Road, Centerville, IN 47330. Thank you!



Name:				
First		Last		
Home address	Street address	City	State	Zip
Gender: Male	Female Birth date:		Age at camp:	
Custodial parent/guardian:		F	hone:	
Email:				
Place of work:		Phone:	Cell:	
If not available in ar	n emergency, notify:	Nama	Pc	elationship
Phone:	IV.	Tame Cell:		
	g up the participant each day			
What camps are yo	u registering for:			
☐ June 3-7				
☐ June 10-14				
☐ June 17-21				
□ June 24-28				
Medical Informati Dietary Restrictions				
List all known allerg	gies. Describe reaction and ma	anagement of the rea	ction.	
Will the camper nee	ed to take any medication wh	nile at CEC camp? _		
	nd dosage:			
	ical or behavioral issues CE0			

Waivers:

- **A.** Your signature below indicates your consent for Cope Environmental Center to use any photograph, picture or likeness of your child for promotional purposes.
- **B.** I hereby give my permission to Cope Environmental Center to seek medical treatment for my child while attending camp. I also authorize staff to administer First Aid, or transport my child to a medical facility, if the need arises.
- **C.** If a Cope Environmental Center staff member is to administer any prescription drugs to my child while there, the prescription will be in the original bottle with the name of the medication, the dosage, and the frequency of administration & note with time of last dose.
- **D.** My child's health history is correct and complete as for as I know, and my child, as described, has permission to engage in all camp activities except as noted. If there is something not included on form, please attach an explanation or contact CEC staff.

Signature of Parent or Guardian	:Da	ate:
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Once the registration form is sent, you have two weeks to fill it out and pay the registration fee.

The receipt of this registration form and the registration fee for the classes you have chosen confirms your child's spot in that program. However, if we have NOT received your program fee and registration within the two weeks, we will contact you once. If you do not respond with in one week, your child's spot will be given to the next child on the list.

Space is LIMITED, but registration for each program remains open until it is full. If you know anyone else who might be interested, please have them call us at 765-855-3188 or visit our website: www.VisitCope.org.

Summer Program Fee Refund Policy

- 1. If you withdraw your child 28 days or more prior to camp, you will receive a full refund.
- 2. If you withdraw your child 8-27 days prior to camp, you will receive 50% of your registration fee.
- 3. If you withdraw your child 7 days (or less) before camp, there will be NO REFUND.
- 4. No refunds once camp has started.

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General Information:

Please make sure that your child comes dressed for the weather and to be outside on the trails each day. We will be hiking a lot; we highly recommend wearing tennis shoes or sandals with a strap around the ankle. PLEASE NO FLIP-FLOPS! Healthy snacks will be provided each day to keep campers full of energy. Your child MUST have a water bottle that they can carry with them.

Thank you for registering your child in CEC's Summer Programs! It is going to be an exciting summer!



Jeremy Proeschel, Program Director Jeremy@visitcope.org

765.855.3188 VisitCope.org