



2010 Ruffner School Break Day Camp Registration Form
November 24, 2010

Child's Name: _____

Home #: _____

Address: _____

Age: _____

Grade: _____

Sex: Male Female Ruffner Member? Yes No

Parent's name(s): _____

Work #: _____

Home #: _____

Cell #: _____

Email: _____

Method of payment

A \$20 non refundable deposit is due is with this packet.

Check Cash

(Make checks payable to Ruffner Mountain)

Visa MC Discover

Expiration date: _____

Credit Card #: _____

CCV # (three digit number on back of card): _____

Name of card holder _____

Please allow for up to one week to process.

1214 81st Street South Birmingham, AL 35206 – (205) 833-8264 Phone – (205) 836-3960 Fax

www.ruffnermountain.org

Ruffner Mountain Nature Center is a 501 (c)(3) Non-Profit Organization



RMNC Day Camp Health Form

Camper Information

Name: _____ (circle) Male Female Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____

Home Phone: _____ Cell Phone 1: _____

Work Phone: _____ Cell Phone 2: _____

What is the best number to reach you on during camp hours? _____

Insurance Information (Please attach a copy of your insurance card)

Medical insurance company: _____

Address of company: _____

Policy holder's name: _____ Policy Number: _____

Physician's name: _____ Phone: _____

In case of Emergency Notify

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Other instructions: _____

Health History (please attach an additional page if necessary, all information is kept confidential)

Child has or is subject to:

Asthma ____ Fainting Spells ____ Convulsions ____ Heart Trouble ____
Diabetes ____ Seizures ____

Allergies:

Medicines ____ Insects ____ Food ____ Animals ____ Plants ____ Other ____

Please explain allergies and treatment: _____

Child has difficulties with:

Eyes ____ Ears ____ Nose ____ Throat ____ Lung ____ Digestion ____

Are there any other conditions requiring our attention that we should know of?

Medications (All prescription medications should be given to camp staff)

*Medications should be:

1. In their original containers
2. Labeled with the following information (a) student's name (b) Prescriber's name (c) Name of medication (d) Strength (e) Dosage (f) Time interval (g) route of administration, and (f) date of drugs expiration

Note: Medications will only be administered according to the label directions.

Does your child require any medications during camp hours? Yes No

Name of Medication(s): _____

Reason for Medication(s): _____

Medication Schedule/Dosage: _____

Can child administer own medication under the supervision of camp staff? Yes No

Medical Activity Restrictions: Yes No

If yes, please explain: _____

Parent Authorization

This health history is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. I authorize Ruffner Mountain Nature Center staff to act for me according to their best judgment in any injury requiring minor medical attention. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by Ruffner Mountain to give medical treatment or hospitalize, secure proper anesthesia and to order injection or surgery for my child.

Signature: _____ Date: _____

Parent or Guardian



Parent or Guardian Agreement

Please initial each point and sign below.

- I understand that the deposit per session is non-refundable
- I understand that the balance of the camp fee is due upon arrival at the beginning of each session.
- In case of accident or illness, the Camp Director has permission to secure medical attention if unable to contact me immediately.
- I agree that Ruffner Mountain Nature Center is released from liability with medical treatment and unavoidable accidents
- I give my consent for my child to leave the camp grounds with authorized Camp Staff in a vehicle for the purposes of transportation in connection with RMNC camp activities.
- I give my permission to RMNC, without limitation or obligation to use any artwork made by my child, or to use photographs, film footage or tape recordings which may include my child's image or voice for the purposes of promoting or interpreting Ruffner's programs and release the camp from any claim or liability to that use.
- While RMNC will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the camp will not accept any children that are (1) of danger to themselves (2) of danger to others (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy programs. Any of the above reasons will be grounds for dismissal from camp. A parent/guardian must discuss with the education director any special conditions or circumstances involving their child. This must be completed prior to registration so that we can advise you as to whether we can make reasonable accommodations for your child.

I, _____, as a parent or guardian of _____

A minor child who I have this date enrolled for participation in Ruffner Mountain Nature Center's day camp, in consideration of the education and entertainment benefits to be provided by that camp, do covenant and agree that neither I nor any other representative of the above child will ever bring legal action of any sort against RMNC, its agents, or its employees, for personal injury or breach of contract arising of the above child's attendance at RMNC Day Camp. I understand that liability insurance has been provided by RMNC which extends coverage to these activities and agree to be bound by the limits of such policies should any personal injuries or breach of contract occur. I further consent to emergency medical treatment for the above child should he or she become sick or injured while participating in any activity connected with RMNC Day Camp.

Parent/Guardian Signature: _____

Date: _____



Photography Release- Minor Child

We are happy that your minor child, named below, will be attending a Ruffner Mountain program and/or camp. We are proud of having youth recreate, explore and learn from their time on the mountain. From time to time, we like to use pictures, videos or recordings of our programs in news releases, communications with our sponsors, website postings, and other media. By signing below, you are granting the right to Ruffner Mountain Nature Coalition, Inc., or any of its affiliates, to video, photograph or record your minor child's participation in our program and for Ruffner to use such video, photograph, or recording in the media described above. If you agree to this release and consent, please sign below as the parent or legal guardian of the minor child set forth below.

Name of Minor Child
(Name will not be used in Ruffner's materials)

Signature of Parent or Guardian

Date