



Eco Explorers Summer Camp Registration 2021

Mission: The Arboretum at Flagstaff (The Arb) is committed to nurturing awareness and a sense of connection to the natural world through experiential, place-based and science education centered on the ecology of the Colorado Plateau. Camps are focused on four principal themes: scientific investigation, outdoor exploration, health, and stewardship and are designed to nurture respect, a sense of wonder for the natural world, and increase awareness of environmental issues.

To Register: Registration for members of The Arb opens April 1, 2021 at www.thearb.org. Registration for all opens April 5, 2021.

Camper Expectations and Behavioral Policy: Campers are expected to participate meaningfully in games, activities, and study. Campers are expected to treat all living things with respect.

Camp is outdoors unless there is severe weather. Campers hike and explore the landscape on a daily basis. Please dress your child appropriately and remember to pack the essentials: a bottle of water, appropriate footwear (no sandals), sun hat, sunscreen, appropriate layers of clothing, and a rain jacket during monsoon season. Lunch and two substantial snacks are required for each full day of camp (9-4 pm). Electronic devices, including but not limited to, cell phones, tablets and handheld games are not allowed. Our staff will confiscate any such devices and will return it to the camper at the end of the day.

If a camper is behaving inappropriately, the camper will be given a warning and a staff member will explain what behavior is inappropriate. Upon the second warning, the camper will be sent to the Summer Camp Coordinator for a time-out, the parents will be notified and the camper will be allowed to rejoin the group. If a third offense takes place, the camper will be sent home.

Camper to Staff Ratio: Camp sizes are limited to ensure the quality of programming. Each age group is limited to 14 children, with the supervision of 2 or more adult leaders.

Refunds: Refunds will not be given for cancellations made less than 14 days prior to the start of your registered camp. Cancellations more than 14 days prior to the start of your registered camp will receive a 50% refund.

Cancellation Policy: The Arb reserves the right to cancel any camp session due to insufficient enrollment. If this occurs, all fees will be refunded.

Camper Information

(one form per child)

Camper Name:

Preferred Pronouns:

Nickname:

Date of Birth:

Age:

Address:

(Street, City, State, Zip)

Parent/Guardian #1:

Work Phone:

Cell Phone:

E-mail:

Parent/Guardian #2:

Work Phone:

Cell Phone:

E-mail:

Pick-Up Authorization

Please list all of the people who are authorized to pick-up your child from camp:

Kids t-shirt:** \$ ___XS ___S ___M ___L ___XL (check size)

Parental Consent

I am aware that while participating in a program or activity arranged by The Arb, certain risks and dangers may be present, including but not limited to those generally associated with activities, accidents, and forces of nature. I agree to indemnify and defend The Arb at Flagstaff and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and The Arb's costs of defense in connection with the loss of life, personal or bodily injury and/or damage to or loss of property that arises from the participation of _____ (name of participant) in Eco Explorers Summer Camp except to the extent that such loss or damage is occasioned by the negligent act or omission of The Arb, its officers, agents or employees and no negligence on the part of the Participant. The Arb has my consent to secure treatment at the closest hospital in the event of a medical emergency.

The Arboretum at Flagstaff **(circle one) has** OR **does not have** my consent to photograph or quote my child for advertising purposes.

Many of the classes involve touching and tasting edible plants.

The Arboretum at Flagstaff **(circle one) has** OR **does not have** my consent to allow my child to taste and touch edible plants.

Signature of Parent/Guardian: _____

Date: _____

Health Form

(Must be completed in full)

Camper Name:

Date of Birth:

Camper's Primary Physician:

Physician Phone:

Emergency Contacts

Please provide us with at least three people to contact in case of an emergency:

Name

Relationship

Daytime Phone

Allergies

Please list any known medication, food or environmental allergies your child has:

Medication

Please list any medication (prescription or non-prescription) your child is taking even if it is only administered at home (include dose, reason for taking the medication and possible side effects):

Will your child need to take regular medication (prescription or non-prescription at camp? **(circle one)**: YES NO

Please list any emergency medication (epi-pen, inhaler, etc.) that your child will need to have at camp:

Information and History

Please list any pertinent information on any health problems your child has including physical, psychiatric, or behavior problems:

Special Needs

Please explain any special learning, medical or behavior needs your child may have:

Parental Consent

I release the camp and personnel of any liability related to the administration of the over-the-counter medication listed above. The Arboretum at Flagstaff has consent to secure treatment by a local doctor or area hospital in the event of a medical emergency.

I have read and understand all the information in the registration and information forms and agree to the conditions stated therein.

Signature: _____ Date: _____

Relationship to Camper (parent/guardian): _____