



NIGHTS AT THOREAU – FUN WITH FUNGI

Thank you for your interest in Lake Thoreau Environmental Center’s *Nights at Thoreau!* Please complete this registration form, email or mail it to the address listed at the end of the application or fax it to Mike Davis at (601) 266-5797.

The total cost for the program is \$40 (\$36 or \$32 for *Friends of Lake Thoreau* members) and includes snacks and breakfast the following morning. **Participants can be dropped off between 6:00 P.M. and 6:30 P.M. on April 12th and can be picked up between 8:00 A.M. and 8:30 A.M, April 13th.** We look forward to seeing you out at Thoreau!

Participant Information

Participant Name: _____ Female Male

Is this participant a member of the *Friends of Lake Thoreau* program? Yes, ID # _____ No

Price of the program: \$40 *(\$36 or \$32 for *Friends of Lake Thoreau* members)*

Method of Payment: Cash Check Credit card. *If credit, please visit
<https://commerce.cashnet.com/usmLTC>

Make check out to: USM Biology

If you are not a *Friends of Lake Thoreau* member or are a member but have recently changed your information, then please fill out the remaining registration form listed below. If you are members and nothing has changed from your original membership form, then you can stop here.

Participant Personal Information

Date of Birth: _____ Presently enrolled at _____

School Grade in Fall 2018: 3rd 4th 5th 6th

Parent(s) or Guardian(s) Contact Information

Parent(s) or Guardian(s) Name: _____

Mailing Address _____
Street City State Zip

Phone Number(s):
Father _____ Mother _____ Guardian _____

In case of emergency, contact: Father Mother Guardian

Email Address: _____

Yes, I would like to receive information about other events through the Biological Sciences Department at USM

To the Parents or Guardians of the Participant:

For your child to receive medical care in the event of illness or injury while participating in the USM event, we ask that you bring a copy of all relevant insurance information for your child with you to the event. We will store it securely until the end of the program, where we will then return the copy to you.

Is it permissible to provide medical treatment for your child if needed? Yes No

Please state any special medical conditions that may require staff attention:

Does your child take medication on a regular basis of which we need to be aware?
If yes, please explain: Yes No

Does your child have any known allergies? If yes, please explain: Yes No.

Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues?
If yes, please explain: Yes No

Are there any restrictions of physical activity that may apply to your child?
If yes, please explain: Yes No.

Yes, I grant permission for my child to be photographed or videotaped during this event. This includes photos that may be used for promotional or publicity purposes.

I certify that my child has permission to attend the Nights at Thoreau event at USM's Lake Thoreau Environmental Center. I release USM from any and every liability, claim, right of action of any kind or nature which my child or legal representative may have for any and all bodily or personal injuries or property damages or any other damages resulting there from which might occur during participation in this program and host institution(s), or representative(s) thereof, and the management or owner(s) of any physical facility in which the program is conducted.

Parent or Legal Guardian's Name (Print, please): _____

Parent or Legal Guardian's Signature: _____

Date: _____

Send to:
Mike Davis
Dept. of Biological Sciences
Univ. of Southern Mississippi
118 College Drive #5018
Hattiesburg, MS 39406-0001

For questions, please email Mike.Davis@usm.edu or call at (601) 520-1038.

