

ENVIRONMENTAL CENTER

## Animals Around Us Camp

June  $15^{th}$  –  $17^{th}$ , 2022, 8:00 A.M. – 5:00 P.M. Rising  $3^{rd}$  –  $6^{th}$  Graders

Please complete this registration form, then email or mail it to the address listed at the end of the application. Once we receive it, we will send you specific information about the program including directions to Lake Thoreau.

The total cost for the program is \$150 and includes lunch, snacks, and t-shirt, and limited accidental insurance, or \$125 if students elect to bring their own lunch. *Friends of Lake Thoreau* members receive discount pricing! Participants can be dropped off after 7:30 A.M. and can be picked up between 4:45 P.M. and 5:30 P.M. We look forward to seeing you this summer!

Participant Infor	mation_								
Participant Name:	Female	Male							
Shirt Size: Y	YM YL	AS	AM	AL	AXL	AXXL			
Price of the program: \$150 or \$125 (BYO lunch) or Friends of Lake Thoreau \$125 or \$115 (BYO lunch)									
Method of Payment: Cash Check Credit card. *If credit, please visit <a href="https://commerce.cashnet.com/usn">https://commerce.cashnet.com/usn</a> Make check out to: USM						<u>LTC</u>			
Participant Perso	nal Informatio	<u>on</u>							
Date of Birth: Presently enrolled at									
School Grade in Fall 2022:									
Parent(s) or Guardian(s) Contact Information									
Parent(s) or Guardian(s) Name:									
Address									
Phone Numbers:	Street		Mother	City		State Guardian:	Zip		
In case of emerger			Father			Guardian			
Email Address:			· <del></del>						

## 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 the that may be used for promotional or publicity purposes.	is event. This incl	udes photos
Yes, I would like to receive information about other events through the Biologica	l Sciences Departs	ment at USM
I certify that my child has permission to attend Summer Camp event at USM's Lake I release USM from any and every liability, claim, right of action of any kind or nature representative may have for any and all bodily or personal injuries or property damage there from which might occur during participation in this program and host institution and the management or owner(s) of any physical facility in which the program is conducted.	e which my child o es or any other dar n(s), or representa	or legal mages resultir
Parent or Legal Guardian's Name (Print, please):		
Parent or Legal Guardian's Signature:		
Date:		
Send to: For questions, please email <u>mike.davis@usm.edu or</u> Mike Davis Sebagli of Biological Environmental and Fourth Sciences	<u>: at (</u> 601) 520-1038	3.

Mike Davis
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