



## CAMP PARTICIPANT FORM

Camp Program:

Junior Cooking Camp Fall Flavors

Date (s):

November 24 – 26 | Mon. – Wed. | 9am – 3pm

Child name(s): \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

Child name(s): \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

Child name(s): \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please list the legal name of authorized alternative adults that may pick up your child and their phone number.** Only parents, guardians, or listed authorized adults are permitted to pick up your camper. We will check photo identification at pick up. Please note that an emergency contact may not count as an authorized pickup unless listed below.:

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*Please fill out both front and back of form.*

**Medical Info**

Please indicate if the above named participant(s) has any medical conditions, dietary restrictions, or allergies of which the Botanical Garden staff should be aware. Please list any medications your child may be taking. *\*Should your child need dietary accommodations and is enrolled in Cooking Camp, please email camp staff ahead of time with details in advance.\**

Child: \_\_\_\_\_ Medical Info: \_\_\_\_\_  
\_\_\_\_\_

Child: \_\_\_\_\_ Medical Info: \_\_\_\_\_  
\_\_\_\_\_

Child: \_\_\_\_\_ Medical Info: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact information**

(Please note that emergency contacts do not count as authorized pickups unless listed in both places)

1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Additional Information**

Is there any additional information you would like to share about your camper(s) with SABG camp staff that might help to provide them a successful camp experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Youth Programs

For the safety of your child, they must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to themselves or others. Failure to adhere to program policies will cause dismissal without refund of program fees. Please consider whether your child is going to be successful working and playing in a group setting for San Antonio Botanical classes and camps. Please note full refunds for camp will be given until one week before the camp begins.

### HEALTH AND SAFETY POLICY

I will communicate with San Antonio Botanical Garden regarding any communicable illness or infection that my child/children has. I understand that we will notify all caregivers of campers if it is a communicable illness or infection. This includes but is not limited to: pink eye; chicken pox; measles; mumps; strep throat; or lice. If a child develops a fever of 100.0°F or higher, vomits, or has two loose stools while at camp, the caregiver will be called to pick them up.

Campers should stay home from camp if they show any sign of illness. If my child is sick of a communicable illness or infection, I will keep my child home until I have written permission from a doctor saying the child is well enough to return to camp. If my camper experiences any of the symptoms above, I will let the camp leadership know immediately. I understand that if my camper experiences any of these symptoms during camp or a program I will be contacted.

✓ I have read and understand the health and safety policy \_\_\_\_\_ (initial)

### PERMISSION TO TAKE PHOTOGRAPHS

I hereby consent to and authorize the San Antonio Botanical Garden, its publishers, licensees and assignees, permission to use and reproduce still photographs and/or film footage taken of me (and/or taken of my child/children) in whole or part, with or without names, for editorial, trade or advertising purposes. I also confirm that I waive all claims arising from use for additional compensation, damages, and invasion of privacy.

✓ Permission to take photographs Yes: \_\_\_\_\_ No: \_\_\_\_\_ (check one)

### RELEASE OF LIABILITY

In consideration of participant(s) enrolled at the San Antonio Botanical Garden, the undersigned hereby releases the San Antonio Botanical Garden, its employees and agents from any action, claim or demand for personal injury or property loss from or due to any negligent act or omission of the San Antonio Botanical Garden, its agents or employees. This release shall have no effect with regard to

*Please fill out both front and back of form.*

damages caused by the San Antonio Botanical Garden's gross negligence. Permission is given for any emergency medical treatment or service.

✓ I have read and understand the release of liability statement \_\_\_\_\_ (initial)

**Signature of Parent/Guardian:**

Date: \_\_\_\_\_

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**Please return this form via email by sending to [camp@sabot.org](mailto:camp@sabot.org).**

**Questions?**

**Call 210-536-1434 or e-mail [camp@sabot.org](mailto:camp@sabot.org)**

San Antonio Botanical Garden | 555 Funston Place | San Antonio, Texas 78209

*Please fill out both front and back of form.*