



Participant Information Form (Questions? Please call the Education Office at 805-682-4711, ext. 171)

Child's Name

Parent/Guardian Name

Date of Birth

Street Address

Grade Level Next Fall

City, State, and Zip Code

Attending School

Parent/Guardian Home Phone Number

Child lives with

Parent/Guardian Cell Phone Number

Parent/Guardian email address

Permission to be Photographed or Filmed

I accept that photographs may be taken during the course of the class/camp, which are taken specifically to be included in the children's take-home materials and will not be released in any other way without parental authorization.

In addition to the above (please complete your choice):

I give permission for my son/daughter _____ to be photographed or filmed by the Santa Barbara Museum of Natural History and or the press (television, magazines, newspapers) for the additional purpose of highlighting Museum activities. I understand that such photographs or films may be used by the Santa Barbara Museum of Natural History in newsletters, magazines, brochures, the website, social media, and press releases or by the media for publication and use.

OR

I do not give permission for my son/daughter _____ to appear in photographs or film prepared by the Santa Barbara Museum of Natural History and or the press (television, magazines, newspapers, web) for the additional purpose of highlighting Museum activities beyond the scope already approved for the class/camp. I do not accept that such photographs or films may be used by the Santa Barbara Museum of Natural History in newsletters, magazines, brochures, the website, social media and press releases or by the media for publication and use.

Signed: _____ Date: _____
Parent or Guardian



Release and Waiver (must be signed in order for child to participate)

The undersigned ("Participant"), and in the event the Participant is under 18 years of age, the Participant's parent or guardian ("Guardian"), for and in consideration of the granting of permission by the Santa Barbara Museum of Natural History ("Museum") for the Participant to participate in the following program sponsored by the Museum:

Nature Adventures™

hereby agrees to hold harmless, release and forever discharge the Museum and the Trustees, officers, directors, employees and agents thereof (collectively, "Released Parties"), either in their individual capacities or by reason of their relationship to the Museum, and their successors, from any and all claims, liabilities, damages, losses and demands of every nature whatsoever, known or unknown, which the undersigned, any third persons, and the representatives thereof, or any persons acting on their behalf have or may have against the Released Parties, arising out of or resulting directly or indirectly from participation in the aforementioned program. The claims the undersigned is releasing may include, but are not limited to, claims by reason of accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property. The undersigned also grants permission for the Participant to receive medical treatment for any and all injuries and illnesses sustained or experienced during Participant's participation in the program.

Participant (Please print full name): _____

Guardian Name (if minor): _____

Guardian Signature: _____ Date: _____

Medical and Health Information

<i>Health Issues:</i> Specify anything which would limit activity or may require special care, including allergies.	<i>Medications:</i> Please list any prescription medication which your child takes regularly.
---	---

If I cannot be reached by telephone in the event of an emergency, please take my child to any available medical service and please call:

Dr. _____ at _____
(Physician's name or other) (Phone number)

I authorize the Santa Barbara Museum of Natural History staff to seek emergency medical treatment for my child until I am able to be present.

Insurance title and policy # _____
(Please include a photocopy)

Print name and signature: _____ Date: _____
(Parent or Guardian)



Emergency Contact Information (Person to call if guardians cannot be reached - local resident)

Person #1: Name of Alternate Pick Up Person(s): _____ Phone: (Home) _____ (Cell) _____ Alternate Daytime phone number:	Person #2: Name of Alternate Pick Up Person(s): _____ Phone: (Home) _____ (Cell) _____ Alternate Daytime phone number:
---	---

Acceptable Behavior Policy

It is important to Nature Adventures that all campers have a positive and rewarding experience while at camp. In order to ensure the safety and fun for all campers, participants are expected to behave in an acceptable manner and use appropriate language. ANY behavior deemed to be detrimental to or in violation of Nature Adventures expectations will be dealt with by the camp staff and/or Director. Unacceptable behavior may include, but not limited to any form of intended harm to another camper or staff member, bullying or any form of aggression.

Any situation that involves distracting other participants or disrupting camp activities (including cell phone usage/game playing) will not be tolerated. It is important to remember that there are NO REFUNDS if a child is asked to leave Nature Adventures due to unacceptable behavior. By paying your registration fee in full, you signify that you understand and agree to the Acceptable Behavior Policy.

I have read and will abide by the Nature Adventures rules. I understand that Nature Adventures staff have the right to remove any person from the program that does not abide by these rules. If I am asked to leave, I understand that my payment is not refundable.

Child Signature

Parent/Guardian Signature

Registration and Payment (PARTIAL SCHOLARSHIPS AVAILABLE)

Camp/Class	Date/Time	Cost

Cancellation and Refund Policy: Up to 90% refunds will be granted for cancellations made up to one week prior to a class and three weeks prior to any camp. I agree to this "Cancellation and Refund Policy".

Sign to agree to *Cancellation and Refund Policy*: _____ Date: _____

Total Paid Payment _____

Method: Check Number _____ (Make checks payable to SBMNH.) Visa MasterCard

Card # _____ Exp. Date _____ Security Code # _____

Name on Card: _____ Signed: _____