



CSI Camp Registration Form

Crane Point is hosting a Spring Camp. To be eligible to attend Camp, participants must complete this Registration Form and our Medical Release Form along with the Medical Care Authorization and Waiver and Release of Liability.

Return this completed form to: Crane Point Museum & Nature Center
5550 Overseas Hwy
Marathon, FL 33050
Phone: (305) 743-8889
Email: cranepointmuseum@gmail.com

Participant's Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ Gender: M F

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____ Alt Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION (Must be a parent or guardian if under 18)

Name: _____ Relationship: _____

Address (if different from above): _____

City: _____ State: ____ Zip Code: _____

Phone: _____ Alt Phone: _____

Email: _____

If primary Emergency Contact is unavailable, please provide a secondary contact:

Name: _____ Relationship: _____

Phone: _____ Alt Phone: _____

MEDICAL INFORMATION

Allergies:

Medications: _____

Food: _____

Other (bee stings, latex, etc.): _____

Is an Epi-pen required for any allergy? _____

List any Special Needs:

Mobility (Wheelchair, walker, etc.): _____

Dietary Restrictions (Vegetarian, Vegan, etc.): _____

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Special Infection Control Issues: _____

List any other information that you think would be valuable for Crane Point Camp staff to be aware of that would make your day with us more enjoyable for you:

RELEASE OF LIABILITY

I hereby release and hold harmless Crane Point, its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns from all liability for personal injury, including loss arising out of my/my child's participation in this Camp Program I understand that this release and indemnification releases liability for the conduct of Crane Point and its officers, employees, agents, representatives, volunteers, heirs, executors, and assigns.

PHOTO RELEASE

The undersigned gives permission to CRANE POINT to use. On occasion, with permission, Participant photographs may be included in newsletters. Crane Point respects the privacy of its Camp Participants and does not allow unauthorized visitors to photograph or video the camp or its Participants.

PARTICIPATION CONSENT

The undersigned gives permission for the Participant to participate in any and all activities, including transportation (if needed) to and from Camp for camp activities, except those specifically prohibited by the participant's physician or parent/legal guardian).

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name (Print)