

Kids' Bay Adventures at Horn Point

P.O. Box 775, Cambridge, Maryland 21613
 • Phone (410) 221-8483 • Fax (410) 221-8490 •

2005 REGISTRATION FORM

Please type or print the following information in ink

Child's Name (Last, First, MI)		Parent/Guardian Email Address	
Address	City	State	Zip
Parent/Guardian Name	Phone: Home	Work	Cell
Parent/Guardian Name	Phone: Home	Work	Cell
Local person to be contacted in case of emergency if parent/guardian cannot be reached:			
Name	Phone:	Relation to Child	

Child's Birthday _____ Grade in September 2005 _____ Age as of June 1st _____

What school does your child attend? _____

Does your child have special needs? Yes No Please Explain: _____

Please check the box(es) that correspond with the programs/dates you wish to register, and indicate if you have a preference in the space next to the box.

Session 1 June 20 – 24	<input type="checkbox"/> _____	Session 5 July 18 – 22	<input type="checkbox"/> _____	Comments: _____ _____ _____ _____
Session 2 June 27 – July 2	<input type="checkbox"/> _____	Session 6 July 25 – 29	<input type="checkbox"/> _____	
Session 3 July 5 – 8	<input type="checkbox"/> _____	Session 7 August 1 – 5	<input type="checkbox"/> _____	
Session 4 July 11 – 15	<input type="checkbox"/> _____			

How many weeks are you registering for? _____

PARENT/LEGAL GUARDIAN REGISTRATION AGREEMENT

I give full permission for _____ to attend the Kids' Bay Adventures at Horn Point and participate in activities, including off-campus trips. I have read the 2005 Horn Point brochure and agree to abide by its regulations. I authorize UMCES Horn Point Laboratory to use photographs or quotations of my child/ward for the use of telling the story or promoting UMCES Horn Point Laboratory. Attached is a nonrefundable registration fee of \$15, and one week's tuition which is to be applied to the total summer program tuition if applicable. I understand that, in case I should cancel, this deposit is nonrefundable after May 15, 2005. I further understand that the program reservation may be cancelled if I do not pay all fees by **May 15, 2005**. UMCES Horn Point Laboratory reserves the right to cancel any session of the summer programs.

Name of Parent/Guardian _____ Date _____ Signature _____

Please check the amount enclosed:

Registration Fee (\$15 - Non refundable)

Deposit of one week's tuition
(Non refundable after May 15, 2005).

NOTE: *The Kids' Bay Adventures Program at Horn Point* is neither a daycare or a camp. It is an education program; tuition cannot be used for tax purposes.

OFFICE USE ONLY	
Date Received _____	Check # _____
Amount Received _____	
Balance Due _____	
Date Balance Rec'd _____	Check # _____

Horn Point Environmental Science Education Program

General Outdoor Education Activity RELEASE OF LIABILITY FORM

My child, _____, has permission to participate in environmental science education activities in the Summer Program, "*Kids Bay Adventures*", at the Horn Point Environmental Education Center, beginning on _____, 2005 and ending on _____, 2005. He/She has permission to be transported by vehicle or wagon to education sites on the campus of University of Maryland Center for Environmental Science (UMCES), Horn Point Laboratory for the purpose of participation in outdoor education activities, including aquatic, forest, and field studies.

Activities may include the following:

1. Canoeing - canoeing will be supervised by Horn Point Environmental Education staff, who are Red Cross certified in canoeing safety. Rules will be reviewed and strictly enforced by staff. All participants will be required to wear Coast Guard approved PFD's provided by Horn Point. Canoeing activities will be restricted to Lake's Cove, a very shallow body of water not more than three and a half feet deep at high tide. Canoeing will be for the purpose of supplementing the environmental education experience, not to teach your child canoeing certification, with the exception of the Quick Start Canoe Programs for children entering 5th-7th grades.
2. Seining - children will catch fish by wading in the water pulling a seine net. Old shoes must be worn to prevent cuts. When sea nettles are present, long pants are recommended.
3. Marsh Mucking - children will investigate marshes that require getting muddy. Old shoes are a necessity. Long-sleeved shirts and long pants are also recommended.
4. Hiking is required much of the time. When temperatures are high and destinations require a long trek, the wagon or other vehicles will be available for transport. Rules are reviewed at the beginning of each week and are strictly enforced.
5. Forest and Field Studies - ticks and poison ivy are common, but if one stays on the trail exposure is greatly reduced. Please, check your child every night for ticks, especially in their hair.
6. Sunburn and bug bites - you are responsible for providing sunscreen and insect repellent for your child. We suggest you apply sunscreen before arriving each day. Staff will assist children when reapplying lotion throughout the day, or insect repellent, if it is necessary. (NOTE: Insect repellents with Citronella are prohibited. If your child does not have insect repellent packed, Horn Point staff cannot provide it.)
7. I understand I have the responsibility to disclose any medical information that would preclude my child from participation in the above program(s). I agree to hold UMCES Horn Point Laboratory, its agents, and employees harmless if full disclosure of a preexisting medical condition has not been provided.
8. I understand that without this form, my child may not participate in any activities related to the above program.
9. I agree to instruct my children to follow all safety instructions given by staff during the above program activities.
10. I understand that the UMCES Horn Point Laboratory is not responsible for the personal property of students.
11. I agree that I shall hold UMCES Horn Point Laboratory, its agents, and employees harmless from any claims for injuries and or damage to third parties or their property arising from the negligent or willful misconduct of my child.
12. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment, which may become necessary.

If you do not want your child to participate in any of the above mentioned activities, please indicate in the space provided below:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian