

ENVIRONMENTAL CENTER

Middle School Mini Nature Camp: Herpetology

June 23, 2025, 8:00 A.M. – 5:00 P.M. Rising 6th – 8th 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 \$65 and includes lunch, snacks, and t-shirt, and limited accidental insurance, or \$57 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 Inf	formation	1							
Participant Name: Fe								Male	
Shirt Size:	YM	YL .	AS	AM	AL	AXL	AXXL		
Price of the program: \$65 or \$57 (BYO lunch) or Friends of Lake Thoreau \$57 or \$50 (BYO lunch)									
Method of Payment: Cash Check Credit card. *If credit, please visit https://commerce.cashnet.com/usmL Make check out to: USM							<u>iLTC</u>		
Participant Personal Information									
Date of Birth: Presently enrolled at									
School Grade in	n Fall 2024	1:							
Parent(s) or Guardian(s) Contact Information									
Parent(s) or Gu	ıardian(s)	Name:			 				
Address									
	S	treet			City		State	Zip	
Phone Number	rs: Fatl	ner		Mother: _			Guardian:		
In case of emer	In case of emergency, contact (check one)			Father	Motl	her	Guardian		
Email Address:	:								

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 this that may be used for promotional or publicity purposes.	s event. This inc	ludes photos
Yes, I would like to receive information about other events through the Biological	Sciences Depart	ment at USM
I certify that my child has permission to attend Summer Camp at USM's Lake Thoreau release USM from any and every liability, claim, right of action of any kind or nature we 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 conditional.	rhich my child or s or any other da n(s), or representa	legal mages resulting
Parent or Legal Guardian's Name (Print, please):		
Parent or Legal Guardian's Signature:		
Date:		
Mail form to:		

Mike Davis
School of Biological, Environmental, and Earth Sciences
University of Southern Mississippi
118 College Drive #5018
Hattiesburg, MS 39406-0001

Or email form to Chelsey.Powers@usm.edu

