LakeThoreau

Life in the Lake Camp July 24th – 26th, 2023, 8:00 A.M. – 5:00 P.M. Rising 3rd – 6th 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 \$150 and includes lunch, snacks, and t-shirt, and limited accidental insurance, or \$125 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	ormation	<u>1</u>						
Participant Nar	ne:						Female	Male
Shirt Size:	YM	YL	AS	AM	AL	AXL	AXXL	
Price of the pro	gram: \$1	50 or \$125 (BY	O lunch)	or Frien	ids of Lake T	horeau \$12	5 or \$115 (BYO lun	ch)
Method of Payment: Cash Make check out to: USM			h	Check	Credit card. *If credit, please visit https://commerce.cashnet.com/usmLTC			<u>LTC</u>
Participant Pe	rsonal In	formation						
Participant Personal Information Date of Birth:								
School Grade in			,					
Parent(s) or G	uardian(s	s) Contact Info	ormation	<u>.</u>				
Parent(s) or Gu	ardian(s)	Name:						
Address								
	:	Street			City		State	Zip
Phone Number	rs: Fat	her		Mother: _			Guardian:	
In case of emergency, contact (check one)			ne)	Father	Moth	er	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?	Yes	No					
If yes, please explain:							
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 event. This includes photos that may be used for promotional or publicity purposes.

Yes, I would like to receive information about other events through the Biological Sciences Department at USM

I certify that my child has permission to attend Summer Camp at USM's Lake Thoreau Environmental Center. I release USM from any and every liability, claim, right of action of any kind or nature which my child or legal representative may have for any and all bodily or personal injuries or property damages or any other damages resulting there from which might occur during participation in this program and host institution(s), or representative(s) thereof, and the management or owner(s) of any physical facility in which the program is conducted.

Parent or Legal Guardian's Name (Print, please): _____

Parent or Legal Guardian's Signature:

Date:

Send to:

For questions, please email mike.davis@usm.edu or at (601) 520-1038.

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