

# LakeThoreau

ENVIRONMENTAL CENTER

## Living in the Longleaf Camp

July 9<sup>th</sup> – 11<sup>th</sup>, 2025, 8:00 A.M. – 5:00 P.M.

Rising 3<sup>rd</sup> – 5<sup>th</sup> 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 Information

Participant Name: \_\_\_\_\_ Female Male

Shirt Size:      YM      YL      AS      AM      AL      AXL      AXXL

Price of the program: \$150 or \$125 (BYO lunch) or Friends of Lake Thoreau \$125 or \$115 (BYO lunch)

Method of Payment:      Cash      Check      Credit card. \*If credit, please visit  
<https://commerce.cashnet.com/usmLTC>  
Make check out to: USM

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### Participant Personal Information

Date of Birth: \_\_\_\_\_ Presently enrolled at \_\_\_\_\_

School Grade in Fall 2025:

### Parent(s) or Guardian(s) Contact Information

Parent(s) or Guardian(s) Name: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Numbers:      Father \_\_\_\_\_      Mother: \_\_\_\_\_      Guardian: \_\_\_\_\_

In case of emergency, contact (check one)      Father      Mother      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? Yes No  
If yes, please explain:

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? Yes No  
If yes, please explain:

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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: \_\_\_\_\_

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

