

# LakeThoreau

ENVIRONMENTAL CENTER

## Longleaf Literature Camp

June 12<sup>th</sup> – 16<sup>th</sup>, 2017, 8:00 A.M. – 5:00 P.M.

Rising 3<sup>rd</sup> – 6<sup>th</sup> Graders

Please complete this registration form, email or mail it to the address listed at the end of the application or fax it to Mike Davis at (601) 266-5797. 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 \$250 and includes bus travel costs, canoe rentals, lunch and snacks, t-shirt, recreational activities and limited accidental insurance, or \$225 if students elect to bring their own lunch. Remember, *Friends of Lake Thoreau* members receive either a 10% or 20% discount! 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

Is this participant a member of the *Friends of Lake Thoreau* program? Yes, ID # \_\_\_\_\_ No

Shirt Size: CM CL AS AM AL AXL AXXL AXXXL

Price of the program: \$250 or \$225 (without lunch provided) ~ *Friends of Lake Thoreau Family* (\$225 or \$202.50)  
*Friends of Lake Thoreau Donor* (\$200 or \$180)

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

Make check out to: USM Biology

If you are not a *Friends of Lake Thoreau* member or are a member but have recently changed your information, then please fill out the remaining registration form listed below. If you are members and nothing has changed from your original membership form, then you can stop here.

### Participant Personal Information

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

Grade in Fall 2017: 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

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

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

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

Phone Number(s):  
Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian \_\_\_\_\_

In case of emergency, contact: 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?  
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

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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 the River Camp event 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:  
Mike Davis  
Dept. of Biological Sciences  
Univ. of Southern Mississippi  
118 College Drive #5018  
Hattiesburg, MS 39406-0001

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

