

**Summer Camp 2020: Camper Information Form
Greater Des Moines Botanical Garden**

Camper Information:

Camper's Name _____ Date of Birth _____ Fall Grade Level _____

Name of camp(s) attending _____

Emergency Contacts:

Parent/Guardian Name _____ Phone Number _____

Relationship to camper _____ Email _____

Emergency Contact Name _____ Phone Number _____

Relationship to camper _____ Email _____

Medical Information:

Allergies (Please include insects and foods.): _____

Does the participant carry an EpiPen that they can self-administer for allergies? _____

Chronic or recurring illness or medical conditions: _____

Additional health information or anything else we need to know about your child:

Child's Primary Care Physician Name _____ Phone: _____

In case of a medical emergency, the Greater Des Moines Botanical Garden will take your child to the nearest hospital, Iowa Lutheran Hospital. If you do NOT want them to go to Iowa Lutheran Hospital, where do you want them sent in the case of an emergency? _____

Photo Release:

I give permission for the use of pictures, video and statements by the workshop participants for Greater Des Moines Botanical Garden marketing materials. _____ (Initial)

Pick Up Authorization:

For the safety of your child, they may be picked up from the program ONLY by those individuals specified in writing on this authorization release form. These individuals are IN ADDITION TO the parent/guardian and emergency contact listed above. All authorized persons must show a picture ID or some type of valid identification, which will be requested by Greater Des Moines Botanical Garden staff. In emergencies, a telephone call authorization may be acceptable. Additional people authorized to pick up the participant:

| Name | Telephone Number | Relationship to Youth |
|-------|------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Summer Camp Policies

Pick Up/Drop Off:

Please pick up and drop off your child directly from his or her camp classroom. Enter the main doors, let the front desk know you are here to pick up for summer camp and continue through the conservatory into the North Gallery area to the Kemin Plant Sciences on your right. If campers are not picked up by 3:15 pm, a \$10 fee is assessed for every 15 minutes that each camper remains.

Extended care is available from 8:00-9:00 a.m. and 3:00-4:30 p.m. If campers are not picked up by 4:45 pm, a \$10 fee is assessed for every 15 minutes that each camper remains. Extended care must be purchased online and is currently only available for three-day camps. Please see website for more details.

Lunch:

Lunch is not included with camp registration. Campers may bring sack lunches. (Please note: refrigeration is *not* provided.) The Greater Des Moines Botanical Garden provides a light snack for all campers.

Cancellations:

Class registrants who cancel two weeks or more prior to the start of camp will receive a full refund, minus a \$25 cancellation fee. Cancellations less than two weeks from the start of camp are non-refundable but can be transferred to another camp session based on availability. Please consider your payment a donation to the Botanical Garden. Refunds are not given for missed days.

Camps cancelled by the Botanical Garden due to low enrollment or other circumstances will be fully refunded. You will be notified as early as possible if a camp is cancelled. Botanical Garden staff will try to contact participants by phone or email so please provide accurate contact information when registering for classes. The Botanical Garden is not responsible for lack of notification if not provided with accurate contact details.

Behavior Policy:

Please read and discuss these expectations with your child. In the event that a camper's behavior endangers other campers or interferes with an instructor's ability to provide programming, the instructor will inform the Director of Education and the parent at pick-up or through a phone call. If a second incident occurs, parents may be asked to accompany their child during camp or withdraw from camp. Refunds will not be given for behavior-related withdrawals.

Liability Waiver:

Greater Des Moines Botanical Garden strives to provide an enjoyable, safe and educational camp experience for all participants. However, participants registering their child in programs and activities must recognize the potential risk of injury that participation entails. In order to reduce the risks, Greater Des Moines Botanical Garden requires participants to follow all Botanical Garden and Camp safety rules. By my signature below, I acknowledge and recognize the inherent risks of physical injury to participants in the Summer Camp Program. I agree to assume the full risk of any and all loss, damages or injuries my child may sustain as a result of their participation and activities in the Summer Camp program. I do hereby fully release discharge and hold harmless the Greater Des Moines Botanical Garden and its agents, volunteers and employees from and against any and all liability arising out of or relating to my child's participation in the Summer Camp program, including but not limited to causes of actions, suits, damages, judgement, or claims for personal injury and/or death.

Agreement and Parent/Guardian Signature:

I hereby authorize and consent to Greater Des Moines Botanical Garden, its employees, volunteers and agents, my child's physician or any physician in their group practice, on my behalf and in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of the Greater Des Moines Botanical Garden, its employees, volunteers and agents, to arrange for immediate medical treatment by a licensed physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment they deem appropriate to treat any injury sustained by my child. I further authorize the Greater Des Moines Botanical Garden, by and through its employees, volunteers and agents, to administer such emergency medical treatment as is necessary for the health and welfare of my child.

I give permission for my child, listed above, to participate in all summer camp activities. I agree to pick up my child promptly at the end of camp or I will be assessed a late fee detailed above. I further understand that Greater Des Moines Botanical Garden is not an allergen-free environment and that, if my child is susceptible to allergic reactions, it is my responsibility to complete the medication authorization forms and notify the Botanical Garden of my child's allergies.

I, _____, have read, fully understand and agree to the above policies and the release of liability.

This form must be completed and returned to education@dmbotanicalgarden.com prior to the start of camp.