Desert Botanical Garden
SUMMER CAMP 2013

Step 1 –Student's Information – *Please fill out a separate form for each child*

Date:_____

Student's Name:_____ ○Returning Student

Address (If different from Parent/Guardian):_____

_____

Gender: ○Male ○Female Age:_____Birth Date:_____Grade Entering in Fall:_____

Shirt Size:

○Youth XS ○Youth S ○Youth M ○Youth L

○Adult S ○Adult M ○Adult L ○Adult XL

Step 2 – Parent or Guardian Information

Parent/Guardian Name:_____

Relationship: ○Parents ○Grandparents ○Other:_____

Address *(If different from camper):*_____

_____

Home Phone:(_____)_____Cell Phone:(_____)_____

Work Phone:(_____)_____Email: _____

Step 3 – Registration Chart. *Please check all that apply.*

Desert Rainbows May 28 - 31	**4 – 6 year olds** 8:30 a.m. – 12:30 p.m.	☐ $130 Members ☐ $160 General Public
Bring on the Birds! June 3 – 7	**7 – 12 year olds** 8:30 a.m. - 3:30 p.m.	☐ $250 Members ☐ $310 General Public
Insect Investigations June 10 – 14	**7 – 12 year olds** 8:30 a.m. - 3:30 p.m.	☐ $250 Members ☐ $310 General Public
Wet and Wild Desert June 17 – 21	**7 – 12 year olds** 8:30 a.m. - 3:30 p.m.	☐ $250 Members ☐ $310 General Public

Step 4 – Health & Emergency Contact Information -

Health Information:

Physician's Name_____Phone:(_____)_____

Any allergies? ○No ○Yes

If yes, please describe:_____

Any dietary restrictions? ○No ○Yes

If yes, please describe:_____

Regularly taking any medications? ○No ○Yes

If yes, please describe:_____

Other information we should know?_____

_____

Emergency Contact Information:

Name: _____Relationship: _____

Phone:(_____)_____Other Phone:(_____)_____

The following persons may pick up my son or daughter from camp:

Name:_____ Relationship:_____

Phone: _____

Name: _____ Relationship: _____

Phone:_____

Step 5 – Payment Information

PAYABLE BY: ○VISA ○MC ○AMEX ○DISCOVER ○PAID ONLINE PREVIOUSLY

NAME *(As it appears on card)*:_____

CARD #_____-_____-_____-_____

CID CODE: _____ EXP DATE:_____SIGNATURE:_____

○CHECK #_____*(Please make checks payable to Desert Botanical Garden)* AMOUNT $_____

COMMENT(S):_____

CANCELLATION POLICY

Refunds are available for cancellations made at least 10 business days prior to the event. Cancellations made less than 10 business days will incur a 25% cancellation fee.

- Programs may be canceled due to insufficient enrollment. A full refund will be made in the event the Desert Botanical Garden cancels a program.
- Refunds will not be issued for missed class sessions or after program start date.
- A waiver of liability is required for all children's programs.

Step 6 – Submit Registration – *Please include completed registration form, liability waiver, photo release*

Three Ways to Submit Registration:

❶ Mail: Desert Botanical Garden – Children's Registrar 1201 N. Galvin Parkway. Phoenix. AZ. 85008

❷ Fax: 480-481-8189 Attn: Children's Registrar

❸ Web: www.dbg.org print/fill-in/scan/send as an email attachment to: teacherrvsp@dbg.org

Please let us know how you heard about our programs.

○Desert Botanical Garden Printed Calendar
○Desert Botanical Garden Website
○ Other website _____
○ Farmers Market
○Other_____

INTERNAL USE ONLY

PAID	_____	REGISTRATION ID	_____
REFUND	_____	DATE ENTERED	_____
MAT. LIST	_____	EMAILED	_____
ITINERARY	_____	MAILED	_____

Required Consent Forms:

Photography Release for a Minor

I, _____, parent/legal guardian of _____, age_____, hereby give consent for the Desert Botanical Garden, Inc. (Garden) to photograph/videotape my child for educational/promotional purposes, with respect to the photographs taken of _____, or in which he/she may be included with others:

a) To copyright the material in the Garden's name or any other name that the Garden may choose.

b) To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not limited to) illustrations, promotion, advertising, and trade.

c) To use said child's name in connection therewith if the Garden so chooses. I hereby release the Garden from any and all claims and demands arising out of or in connection with the use of photographs.

This authorization and release shall also inure to the benefit of any assigns of the Garden as well as the person(s) by whom the photographs are taken, printed, or published.

I have read this release and fully understand its contents.

_____	_____	_____
Signature	Printed Name	Date

Waiver of Liability

I hereby unconditionally and irrevocably release, quit and forever discharge the Desert Botanical Garden and its successors, heirs, beneficiaries and assigns for, from and against any and all rights, claims, obligations, actions, causes of action, suits, demands, costs, expenses, damages, injuries, or other occurrences, including, without limitation, attorney's fees (collectively "Claims"), arising out of or resulting from (I) my use of Desert Botanical Garden's property or (II) the training courses and services to be provided by Desert Botanical Garden, whether the Claims arise from activities occurring at the Desert Botanical Garden or elsewhere. I shall indemnify, defend and hold Desert Botanical Garden harmless for, from and, against any and all Claims.

_____	_____	_____
Parent/Legal Guardian Signature	Printed Parent/Legal Guardian Name	Date

Complete and return to teacherrsvp@dbg.org or 480-481-8189 (fax) Attn: Children's Registrar