

TenneSEA Kids 4 Clean Water Camp

* Required

1. Email address *

Camp Registration Form 2019

Camp Session

TenneSEA Kids 4 Clean Water is dedicated to empowering students to lead their communities to protect and restore our streams. What better way to get students interested in water than playing in it? The goal of our camps is to get kids outside and learning while having a blast!

Who will catch the most crawdads this summer? Throughout each week, the kids will get to go hiking, learn about creek critters, test the water, play in the creeks, and so much more! What kind of salamanders will be living in the creek? Why is that stream orange?

Lots of questions, lots of Science, and even more fun.

2. Registering for *

Check all that apply.

- June 10 - 14 Signal Mountain (MACC)
- June 17 - 21 Greenway Farm, Hixson
- July 8-12 Signal Mountain (MACC)
- July 15 - 19 Greenway Farm, Hixson
- Audobon Acres TBD

Camper Information

3. Full Name: *

4. Nickname?

5. Grade (entering Fall 2019): *

Mark only one oval.

- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade

6. Birth Date: *

Example: December 15, 2012

7. Street Address: *

8. City: *

9. State: *

10. Zip Code: *

11. Camper's Home Phone: *

Parent / Guardian #1

12. Parent/Guardian Full Name: *

13. Street Address: *

14. City: *

15. State: *

16. **Zip Code:** *

17. **Mobile Phone:** *

18. **Work Phone:**

19. **E-Mail:** *

20. **Occupation:**

21. **Employer:**

Parent / Guardian #2

22. **Parent/Guardian Full Name:**

23. **Street Address:**

24. **City:**

25. **State:**

26. **Zip Code:**

27. **Mobile Phone:**

28. **Work Phone:**

29. **E-Mail:**

30. **Occupation:**

31. **Employer:**

Emergency Contact Information:

Please list those people not including parents/guardians who are permitted to pick up your child.

32. **Emergency Contact Full Name: ***

33. **Mobile Phone: ***

34. **Home Phone:**

35. **E-Mail:**

36. **Relationship to Camper: ***

Camper T-Shirt Size

Please select one.

37. *

Mark only one oval.

- YOUTH X-SMALL
- YOUTH SMALL
- YOUTH MEDIUM
- YOUTH LARGE
- ADULT SMALL
- ADULT MEDIUM
- ADULT LARGE

Allergies/Medical Problems

Please list any allergies/medical problems, including requiring maintenance medication (i.e., diabetes, asthma, seizures, etc.)

38. Allergies:

39. Asthma:

40. Is the camper allergic to bee stings? *

Mark only one oval.

Yes

No

41. Does the camper have his/her own EpiPen *

Mark only one oval.

Yes

No

42. Is there any other condition not described above that we should know about? *

Medical Release Information

43. Name of Health Insurance Provider: *

44. Policy Number: *

45. Family Physician Name: *

46. Family Physician Address: *

47. Family Physician Phone Number: *

48. Hospital Preference: *

Payment and Waiver

PAYMENT INFORMATION: Camp Tuition is \$200. Payment is due in full before registration is considered complete. Please pay through link on website.

49. Please tell us how you heard about Kids 4 Clean Water Camp:

Waiver and Release:

Please read carefully. In signing up and participating in TenneSEA programs, you are assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor

child might sustain as a result of participating in any and all activities, including transportation services where provided.

I acknowledge there are certain risks of injury to participants in this program and I voluntarily agree to assume full risk of

any and all injuries, damages, or loss, regardless of severity that my minor child may sustain as a result of participation. I

further agree to waive and relinquish all claims I or my minor child may have as a result of participating in these programs

against TenneSEA, Outdoor Chattanooga, Chattanooga Audubon Society, Hamilton County Water Quality Department,

Town of Signal Mountain and The Mountain Arts Community Center, their officials, agents, volunteers, sponsors and

employees. If my child is injured, becomes ill, or needs medical attention for any reason and I cannot be contacted, this

authorizes program staff to assist my child and/or call for medical assistance. If there is an emergency, we prefer

_____ Hospital and I understand I am responsible for all costs incurred in any such medical

emergency. I understand that photos and video of my child's participation may be used for publicity or reporting

purposes. I have read and fully understand this waiver and release.

Parent or Guardian's Name (please print):

Parent or Guardian's Signature:

50. I agree to this waiver/release. *

Check all that apply.

Yes

No

51. Signature: *

Don't Forget to Pay/Reserve Your Campers' Spot.

Click on the blue buttons on the left on our website's registration page to pay for your spot!

<https://www.caribbean-sea.org/summer-camps-2019/>

Send me a copy of my responses.

Powered by

