



**Piedmont  
Wildlife  
Center**

SAVING, SERVING & STUDYING WILDLIFE

# Special Program Registration

Date: \_\_\_\_\_

Camper's name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: \_\_\_M \_\_\_F

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

## Enrollment Information

Please select each session you are requesting. Spots are filled on a first-come, first-served basis. We will notify you immediately if the session is full. We will keep a wait list in case of cancellations.

Session # / Dates	Program	✓	Fee	
			Member	Non-Member
Session 1 February 17	Wild For a Day		\$50	\$55
Session 2 February 20	Wild For a Day		\$50	\$55
Session 3 February 24	Wild For a Day		\$50	\$55
Session 4 March 16	Wild For a Day		\$50	\$55
Session 5 March 23	Wild For a Day		\$50	\$55
Session 6 March 26	Wild For a Day		\$50	\$55
Session 7 May 28	Wild For a Day		\$50	\$55

Session Subtotal: \_\_\_\_\_

Extended Day Fee: \_\_\_\_\_

\*Member Dues (optional): \$35

TOTAL DUE: \_\_\_\_\_

\*Dues are paid once per family, per year – renewed same time each year.

**EXTENDED DAY:** Please circle sessions and indicate # of days:

8:00 am drop off: session #s 1 2 3 4 5 6 7  
= \_\_\_ days x \$5 = \$\_\_\_\_\_

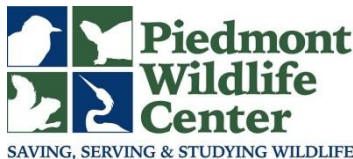
4:00 pm pick up: session #s 1 2 3 4 5 6 7  
= \_\_\_ days x \$8 = \$\_\_\_\_\_

5:30 pm pick up: session #s 1 2 3 4 5 6 7  
= \_\_\_ days x \$8 = \$\_\_\_\_\_

8:00 am - 5:30 pm: session #s 1 2 3 4 5 6 7  
= \_\_\_ days x \$13 = \$\_\_\_\_\_

Office Use Only  
Rec'd \_\_\_/\_\_\_/10  
Check # \_\_\_\_\_  
Amount \_\_\_\_\_

Make checks payable to:  
Piedmont Wildlife Center



# Permission and Emergency Contact Information

Camper's Name: \_\_\_\_\_

**Permission and Liability Waiver:** The camper, named above, has permission to fully participate in all **Piedmont Wildlife Center (PWC) Day Camp** activities during the camp session. I, as parent or legal guardian, do hereby grant **PWC** staff the right to authorize emergency medical treatment for the camper named above in the event that I, or my designated representative, cannot be reached. I agree to hold harmless **PWC** and its agents from liability arising out of an accident. The NC Good Samaritan Law will apply.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_  
Address: (if different from registration form) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_  
Address: (if different from registration form) \_\_\_\_\_

Name of relative or friend in the event parents/guardians can't be reached: (Please complete this section)  
Name: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

**Significant Medical Information:**

Health Insurance Co: \_\_\_\_\_ Policy#: \_\_\_\_\_ Insured Name: \_\_\_\_\_  
Please note any special needs that we should know about your child (i.e.: allergies, physical or emotional disabilities, etc.)  
(Add sheet if needed)  
\_\_\_\_\_  
\_\_\_\_\_

If your child needs medication during the day and you would like Piedmont Wildlife Center staff to provide any of these medications, please sign below to authorize us to do so. I give permission to provide to my child:

Medication: \_\_\_\_\_ Dosage & time: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Publicity Release:** I give permission to Piedmont Wildlife Center to use my child's photo and/or quotes for public relations purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_