



Junior Oatland Naturalist Registration Form

Junior Oatland Naturalist's Name: _____

Birth date: / / Age: _____ Grade: _____ School: _____

Contact: Guardian's Phone(s): _____

Guardian's Email(s): _____

Student's Email: _____

Permission and Photo Release:

This child has my permission to take part in the Junior Oatland Naturalist program, and I agree to follow all policies governing these programs, which includes payment for all programs.

I hereby grant permission for staff members of Oatland Island Wildlife Center and Friends of Oatland Island, Inc. to photograph my child participating in the Junior Oatland Naturalist Program. I understand these photographs may be used for future marketing and advertising purposes, brochures, e-newsletters, and the like.

Signature of parent/guardian

_____ Name of Junior Naturalist	_____ Guardian's Name	_____ Guardian's Name
_____ Street Address	_____ Street Address	_____ Street Address
_____ City/State/Zip	_____ City/State/Zip	_____ City/State/Zip
_____ Birth Date	_____ Cell Phone	_____ Cell Phone
	_____ Email Address	_____ Email Address



PEOPLE TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED:

_____ Name		_____ Name	
_____ Address	_____ City/State/Zip	_____ Address	_____ City/State/Zip
_____ Relationship to Child	_____ Phone #	_____ Relationship to Child	_____ Phone #



FAMILY PHYSICIAN & DENTIST:

_____ NAME OF PHYSICIAN	_____ Phone #	_____ NAME OF DENTIST	_____ Phone #
_____ Address	_____ City/State/Zip	_____ Address	_____ City/State/Zip



Junior Oatland Naturalist PICK-UP INFORMATION

_____ may be picked up by the following people:
(Junior Oatland Naturalist's Name)

Check if the Pick-up list includes: [] Guardians [] Emergency Contacts [] Student drives him or herself

Other people with permission to pick-up your Junior Oatland Naturalist:

MEDICAL HISTORY

Allergies (types & reactions): _____

Chronic physical problems: _____

Physiological or behavioral problems: _____

History of hospitalization: _____

List any illnesses/operations the child has had: _____

Date of last Tetanus shot: (must be known to participate in camp)

Name of GA school attended*: _____

*NOTE: If Junior Oatland Naturalist is not enrolled in a Georgia school please attach a copy of his/her immunization record to this form!



MEDICAL AUTHORIZATION AND RELEASE

Should my child sustain or incur any accident or illness while attending the Junior Oatland Naturalist program, and in the event that I, _____, cannot be reached in an emergency, I do hereby authorize the staff and employees of Oatland Island Wildlife Center to secure proper medical treatment (including hospitalization and/or anesthesia and/or surgery ordered by the physician chosen) and to execute any and all documents, including necessary releases required by any medical facility to perform any emergency or other medical care for my child.

I further agree that in consideration of my child attending Oatland Island Wildlife Center and the Junior Naturalist program, I will hold the said Oatland Island Wildlife Center and Friends of Oatland Island, Inc. harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending programming at Oatland Island Wildlife Center. I hereby waive my right of legal action against Oatland Island Wildlife Center, Friends of Oatland Island, Inc., and the officers and staff thereof.

Signature of parent or guardian: _____

Witness: _____ Date: _____

Insurance Carrier: _____ Policy Number: _____

