

EMPIRE RANCH FOUNDATION

P.O. Box 842
Sonoita, Arizona 85637

www.empireranchfoundation.org

Register for Wild About the Grasslands! at the Historic Empire Ranch

*Please complete both sides of this form. Copy form for additional campers.

PARTICIPANT'S NAME: _____

AGE: ____ GENDER: __M __F GRADE: ____ SCHOOL/DISTRICT: _____

PARENT'S/LEGAL GUARDIAN'S NAME(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

In the event of an emergency, please notify:

NAME: _____ RELATIONSHIP: _____ Phone: _____

Table with 2 columns: Activity, Amount. Rows include Nature Heritage Discovery, Summer 3-Day Camp, Summer Adventure 2-Day Camp, and a TOTAL row.

PAYMENT:

Check (payable to ERF) enclosed for \$ _____

Visa/Mastercard/Discover _____ - _____ - _____ - _____ Exp. Date: ____/____

MAIL TO: Empire Ranch Foundation, P.O. Box 842, Sonoita, AZ 85637

Mark your child's t-shirt size - Child: S M L XL Adult: S M L XL XXL

MEDICAL INFORMATION

List known allergies: _____

Is participant allergic to bee stings? __YES __NO

If so, please bring a bee sting kit so it will be in his/her possession at all times.

List any required medications: _____

Has participant had or currently have: __YES (circle below if yes) __NO

Diabetes Asthma Epilepsy Drug reactions Heart murmur

If you answered YES to any of the above, explain and include date. [Continue on back if necessary]

Does participant have any other medical conditions that we should be aware of? __YES __NO

If yes, please explain: _____

List equipment needed such as wheelchair, braces, glasses, etc: _____

EMERGENCY MEDICAL SERVICES AGREEMENT

I hereby give permission for my child’s full participation in WILD ABOUT THE GRASSLANDS!, subject to limitations noted herein. In case of an emergency, I understand every effort will be made to contact me. You will be notified of any accidents where Emergency Medical services requiring a 911 response is called for your child. In the event your son or daughter is injured, he/she must be transported to the nearest local hospital if a parent or legal guardian cannot be contacted. If this situation occurs, then you will have to pick up your child at the hospital emergency room.

Parent/Legal guardian’s Name (Please print): _____

Parent/Legal Guardian’s Signature: _____

Date: _____

CODE OF CONDUCT AGREEMENT

In order to maintain an environment which is safe and fun for all, it is important for your child to follow our code of conduct. My child and I understand that he/she is expected to:

- Show courtesy and respect to others.
- Behave responsibly and always exercise self-discipline.
- Be respectful to equipment.
- Be conservation minded at all times.
- Be considerate of the historic buildings and structures being restored at the Empire Ranch Headquarters.

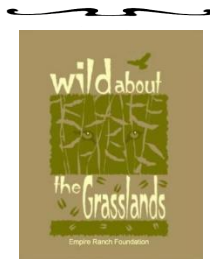
All participants are expected to behave in a manner conducive to an education program. Behavior deemed dangerous, inappropriate, intolerable or unmanageable by the Program Director is grounds for dismissal from camp (ex: fighting; constant misbehavior; etc). Parent/Legal guardian will be called as needed.

It is essential that students attending the program and their parent/legal guardian understand this is an environment not only for fun and outdoor recreation, but also for learning from others.

I, _____ (Child’s Name), agree to obey the Code of Conduct while attending WILD ABOUT THE GRASSLANDS! and understand how I am expected to behave.

Child’s Signature: _____ Date: _____

Parent/Legal Guardian’s Signature: _____ Date: _____



Questions? Call Empire Ranch Foundation, (888) 364-2829, or email admin@empireranchfoundation.org