

# Owl's Hill Nature Sanctuary

## 2010 Exploratopia Application

Camper's Name \_\_\_\_\_  Boy  Girl Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ Home phone(s) \_\_\_\_\_ / \_\_\_\_\_  
(Mom) (Dad) (Mom) (Dad)

Work phone(s) \_\_\_\_\_ / \_\_\_\_\_ Mobile phone(s) \_\_\_\_\_ / \_\_\_\_\_  
(Mom) (Dad) (Mom) (Dad)

Parent/Guardian E-Mail: \_\_\_\_\_ / \_\_\_\_\_  
(Mom) (Dad)

Register for one day, two days, three days or all four! Different hikes and activities each day; Exploratopia is a rain (snow) or shine program.

**SESSIONS: CIRCLE THE DAY(S) YOUR CHILD WOULD LIKE:**

### Exploratopia 1 March 15 - 18

Exploratopia 1, Monday (March 15)

Exploratopia 1, Tuesday (March 16)

Exploratopia 1, Wednesday (March 17)

Exploratopia 1, Thursday (March 18)

Exploratopia 1, Full Session (Monday – Thursday)

### Exploratopia 2 April 5 - 8

Exploratopia 2, Monday (April 5)

Exploratopia 2, Tuesday (April 6)

Exploratopia 2, Wednesday (April 7)

Exploratopia 2, Thursday (April 8)

Exploratopia 2, Full Session (Monday – Thursday)

**Owl's Hill**  
**2010 Exploratopia Safety Information**

For (Child's Name) \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Known allergies (food, insect, medications, etc.)  
\_\_\_\_\_

List medications your child will be bringing to Owl's Hill:  
\_\_\_\_\_

List medications your child will take regularly while attending Owl's Hill:  
\_\_\_\_\_

Does your child have an IEP at school? \_\_\_YES \_\_\_NO If yes, list provisions that may help us provide a more enjoyable experience for your child and the other attendees.  
\_\_\_\_\_  
\_\_\_\_\_

We want the Owl's Hill experience to be a positive one for each child. Is there anything we should know to better serve your child's needs?  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

I understand that, in the event of an emergency concerning my child, every effort will be made to contact my child's parents/guardians. **IF PARENTS/GUARDIANS ARE NOT AVAILABLE**, the following person/s is/are authorized to act in their place:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Pager/Beeper \_\_\_\_\_

Should that an ambulance be needed, emergency staff will decide where to take the patient. However, if you have a hospital preference please list it: \_\_\_\_\_

**EMERGENCY RELEASE**

I grant permission to personnel for the 2010 Owl's Hill Exploratopia and Summer Camp Programs to act on my behalf for evaluation and treatment of minor medical problems (bee stings, ticks, cuts, etc.) that occur during Exploratopia or Summer Camp time. I understand that should a serious medical problem arise, every attempt will be made to notify my child's parents/guardians and designated emergency contacts listed above. In the event none of these can be reached, I give my consent to such treatment as is deemed necessary. Unless otherwise noted, this form applies to all Owl's Hill Exploratopia events and camps my child attends in 2010.

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

*Mail completed application and form to:*

Owl's Hill Nature Sanctuary  
545 Beech Creek Road  
Brentwood TN 37027

*Thank you for helping us provide a safe, positive camp experience for your child.*  
**Remember that all children must provide proof of age.**