



Membership number: _____

Conserve Wildlife Foundation (CWF)
Scout Eco-tour at Sedge Island
2017 Application

Child's Name: _____ Date of Birth: _____

Participant Home Address:

Street Address _____ City _____ State _____ Zip Code _____

Contact Number Home _____ Work _____ Cell _____

Email _____ Program Date: June 17 _____ July 15 _____

Parent/guardian with legal custody

Name: _____ Relationship to child: _____

Preferred Phones: (_____) _____ (_____) _____

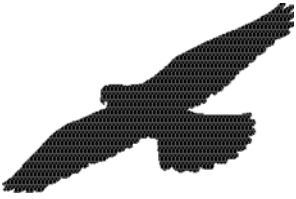
Email: _____

Home Address: _____
(If different from above) Street Address _____ City _____ State _____ Zip _____

Second parent/guardian or other emergency contact:

Name: _____ Relationship to child: _____

Preferred Phones: (_____) _____ (_____) _____



Health History:

*Parents will be notified as soon as possible if there is an illness or serious injury.
For minor injuries, parents will be notified at time of pick-up.*

Doctor's Name: _____ Phone Number: _____

Does your child have any allergies, medical conditions, or dietary restrictions? Yes No

If yes, please describe

Is your child currently on any prescription or over-the-counter medication? Yes No
If yes, please describe (dosage, time, side effects).

Are there any activities from which your child should be exempted for health reasons?
Yes No

If yes, please describe:

What Have We Forgotten to Ask? Please provide in the space below any additional information about the child's health that you think important or that may affect the camper's ability to fully participate in the program. ***Attach additional information if needed.***



Permission to Participate in Activities

General Activities

I give permission for my child, _____, to participate in all program activities, including both recreational and educational programming.

_____ Yes my child has permission to participate in all program activities (**please initial**)

Signature of Parent or Guardian

Date

Photo Release of Minor

I hereby authorize Conserve Wildlife Foundation of New Jersey (CWF) to publish the photographs taken of the undersigned minor child, and his/her name for use in their printed publications, website, and social media sites.

I release CWF from any expectation of confidentiality for the undersigned minor/ children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize CWF to use their photographs and names.

I acknowledge that since participation in publications, social media sites, and websites produced by CWF is voluntary, neither the minor children nor I will receive financial compensation.

I further agree that participation in any publication, social media site and/or website produced by CWF confers no rights of ownership whatsoever. I release CWF, its officers, trustees, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Name

Age

(Print name)

(Signature)



NEW JERSEY DIVISION OF
Fish and Wildlife

Sedge Island Natural Resource Education Center Liability Waiver

Name: _____ Phone: _____

Date of Birth: _____ Sex: _____

Address: _____

Emergency Contact: _____ Phone: _____

Do you have any special needs that we will need to know about in advance to accommodate you during the workshop?

Is there anything about your health you would like us to know in case of an emergency?

Photo Release

I give NJ Division of Fish and Wildlife permission to use photographs of myself or child for promotional and/or educational purposes in printed materials, such as brochures, or on the NJ Division of Fish and Wildlife's website with the understanding that no personal information will be shared.

YES

NO

Waiver

I understand that all possible precautions are taken to ensure that programs and activities at the Sedge Island Natural Resource Education Center and Island Beach State Park are conducted by mature and qualified personnel in a safe and responsible manner. However, I further understand and agree that Sedge Island Natural Resource Education and Island Beach State Park and its staff cannot be held liable for any accident, illness, or disease that might occur. I also agree to follow all rules according Sedge Island policy and within the park regulations.

Signature: _____

Date: _____

Parent or guardian signature if under 18 years of age