

Camp Session and Costs

Camp Name: Garden Gurus

Camp Times: 9:00 a.m. – 12:00 p.m. each day

Brown Family Environmental Center 2017 Summer Camp Application



This year's camp is in partnership with OSU Extension Office and the Master Gardeners.

Completed application forms and payment may be dropped off at the BFEC, faxed to 740-427-5054, or mailed to P.O. Box 508, Gambier, OH 43022. Make checks payable to BFEC.

Ages:

Camp Dates: July 31 – August 4

For children ages 8-12

\$25 per child for BFEC members	\$30 per child for nor	n-members
Please make checks payable to BFE	C.	
<u>formation</u>		
ne:		
	Date of Birth:	Age:
l Entering in School Year 2017-2018:_	School:	
gal Guardian		
ess:		
	Alternate Phone:	
ress:		
nember of the Brown Family Environment	ental Center?Y	esNo
f Parent/Legal Guardian:		
_		Date:
	Please make checks payable to BFE formation ne: I Entering in School Year 2017-2018: gal Guardian ess: State: ress: nember of the Brown Family Environm	Please make checks payable to BFEC. formation ne:

HEALTH RECORD FORM		
No known allergies Child is allergic to: Food Medicine	_ Environment (insect stings, hay fever, etc.)	Other
Please describe what your child is al	lergic to and his/her reaction:	
	d any medication to be administered in case of	<u> </u>
Does the child have an EpiPen?	Yes No	
Please list any other health condition including any known physical restriction	ns or concerns that should be considered by so ctions. If none, write "none:"	meone supervising your child,
Please list all medications the child is will not be administered by BFEC se	may be taking at the time of the camp. If none taff.):	e, write "none." (Medications
Emergency Contact (if other than Pa	arents/Legal Guardian)	
		tionship:
Address:		-
activities except as noted in writing or emergency medical care that may limited to any transport to a local m for a physician selected by BFEC to preserve his/her life, limb or wellbei	formation is correct and accurate. My child me by me. In case of accident, injury or sudden illy be necessary for my child while participating edical facility. If I cannot be reached in an em hospitalize and/or secure proper treatment ming, including but not limited to ordering injectively in health. I will assume responsibility for the content of the content in t	Iness, I authorize any first aid in camp, including but not bergency, I grant permission y child as necessary to tions, anesthesia, surgery, x-
Signature of Parent/Legal Guardian:		<u></u>
Printed Name:		Date:

Additional Information

- Cancellations received at least 15 business days (M-F) before camp begins will be refunded 50%.
- There are no refunds for cancellations less than 15 business days before camp begins.
- The BFEC and OSU Extension Office reserve the right to cancel camp if minimum enrollment is not met. If camp is cancelled by BFEC, participants will receive a full refund.
- In the event of inclement weather, BFEC will make every effort to hold camp as scheduled. If camp is closed due to dangerous weather, there will be no refunds or exchanges.
- All campers must have a completed Health Record Form on file prior to the beginning of camp. Children with incomplete information will not be permitted to participate in camp activities.
- Bringing valuables like cell phones, iPods, and other electronic devices to camp is at the discretion of
 the parent, although use of the devices will not be permitted during camp activities. BFEC is not
 responsible for loss or damage to a camper's valuables.
- Before and After Camp childcare is not available. Campers may be dropped off at BFEC beginning at
 8:45 a.m. and should be picked up from BFEC promptly at Noon each day.