



# Livingston Ripley Waterfowl Conservancy

*Dedicated to the conservation of waterfowl and wetlands through research, education and conservation action*

## Summer Enrichment Program 2017 Registration Form

Please fill out a separate registration form for each child.

Child's Name: \_\_\_\_\_ Child's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ School Name: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ Grade Level in Sept 2017: \_\_\_\_\_

Program descriptions are available on our website. Space is limited to 15 students per program.

### Program Time: 9am to 3pm each day

Please select the programs your child will be attending (Check all that apply):

Dates of Programs	Programs Offered
____ July 3rd - July 7th	Week 1: Budding Biologists
____ July 10th - July 14th	Week 2: Dinosaurs to Ducks
____ July 17th - 21st	Week 3: Duck Detectives

### Program Fee:

**\$250/week for members\***

**\$280/week for nonmembers**

Sibling discount and multi-program discount available upon request!

Total Due/Amount Enclosed: \_\_\_\_\_

Check #: \_\_\_\_\_ (Payable to LRWC)

Credit Card: \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ American Express

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on the card \_\_\_\_\_ Signature \_\_\_\_\_

Send completed form to:  
LRWC  
P.O. Box 210  
Litchfield CT 06759

\* Membership discount applicable for all levels of LRWC membership.

Conservancy Members receive free admission during visitation hours, our newsletter, & invitations to special events. Please visit our website or call for more details on membership. Join today!

Child's Name: \_\_\_\_\_



## Livingston Ripley Waterfowl Conservancy

P.O. Box 210, Litchfield, CT 06759  
(860) 567-2062 Fax (860) 567-4369  
info@lrwc.net www.lrwc.net

### Livingston Ripley Waterfowl Conservancy (LRWC) Summer Enrichment Program Parent Information Sheet

Please read through the information below! Contact Ben Sonnenberg: [bsonnenberg@lrwc.net](mailto:bsonnenberg@lrwc.net) with any questions.

#### Arrival

LRWC staff will be present to greet campers beginning at 8:45 am on active days. In order to ensure proper supervision, please do not drop off your child until you have made contact with an LRWC staff member wearing a green shirt.

LRWC Summer Enrichment policy is prompt arrival for all participants. Late arrivals, please report to the LRWC Office and staff members will assist to reunite your child with the class. If possible, please let us know ahead of time if you and your child will be arriving late. Please call 860-567-2062 to let us know the time of your arrival.

#### Departure

Please pick up your child at 3:00pm. Children will only be released to the persons listed on the pick-up authorization form. (Any unrecognized individual who is picking up a child will be required to show identification (driver's license) when picking up your child.) Thank you in advance for your cooperation in keeping all our kids safe.

To help our program run smoothly, we ask that you please drop off and pick up your child on time. If there is an emergency situation in which you are unable to pick up your child, please contact us as soon as possible and we will take appropriate action. You may be subject to a fee if you are chronically late in picking up your child or, in egregious cases, we will ask you to remove your child from the program.

#### Program Attire

Plan for outdoor activities! Please dress your child in clothes that you don't mind getting dirty. For their safety, we recommend children wear long pants such as jeans or cargo pants and closed-toed comfortable shoes. Please be aware that outdoor conditions have the potential to involve the presence of bees, ticks, biting insects, snakes, poison ivy, and other hazards.

Child's Name: \_\_\_\_\_

## **What to Bring**

Each day, please have your child bring a backpack containing the following items to the program:

A water bottle filled with water.

A sack lunch (these will be stored in an LRWC fridge until campers break for lunch)

A hat (to protect from sun and insects).

Sweatshirt, lightweight jacket and/or rain gear (outerwear appropriate for the predicted weather)

Sunscreen (SPF 15 or higher) – best if applied before the program

Non-aerosol bug repellent – best if applied before the program

## **What NOT to Bring**

Please do not allow your child to bring electronic devices (e.g., electronic games, MP3 players, cell phones, cameras, iPods, radios, tablets, laptops, etc.).

This enrichment program has a “no cell phone” policy. We realize that some parents provide their child with a cell phone for emergency purposes. Cell phones, however, can get lost, broken, and stolen, and represent a potential and unnecessary distraction. If you are concerned that your child will not have a cell phone with them, please be assured that all LRWC staff are in cell phone contact with the main Conservancy Office if emergencies or any other situation arises where you need to immediately contact your child.

Please do not allow your child to bring any other items that can distract from program activities (e.g., trading cards) or items of value that could be broken, lost, or stolen. Such items, if brought to the program, will be collected by the program teachers and returned to the parent at the end of the day.

## **LRWC's Medication Policy**

LRWC staff will only administer basic First-aid in the case of an accidental scratch or scrape. The administration of a prescription medication OR over-the-counter medication is strictly prohibited. However, if your child requires any sort of medication, please fill out the self-administration form which must be signed by both the parent(s)/guardian(s) and the child's physician. This medication will be kept by the Camp Director until the child requests/requires it. Forms may be found at [http://www.ct.gov/oec/lib/oec/licensing/childcare/cdc\\_yc\\_adminmeds.pdf](http://www.ct.gov/oec/lib/oec/licensing/childcare/cdc_yc_adminmeds.pdf) or you can request a copy from LRWC.

## **Behavior**

Our staff makes every effort to provide a safe, fun, respectful, and educational environment for your child. If a child's behavior is disruptive to the point of adversely affecting the activities or the experience of other students and staff, appropriate action will be taken. LRWC staff will follow LRWC's Camper Code of Conduct's Behavior Management Plan. This plan includes multiple verbal warnings that, if not acknowledged by the camper, could lead to a note home and/or dismissal from the camp.

Child's Name: \_\_\_\_\_

Violent behavior towards staff, other students, LRWC's captive flock, or program equipment will not be tolerated and will result in the child being sent home early and/or dismissal for the remainder of the enrichment program. No refunds are given for days missed as a result of campers being sent home for behavioral reasons.

**Absence**

If your child is too sick to attend the program or will be absent from the program for another reason, please notify us prior to the absence so we know not to expect them. If your child becomes sick while at the program, you will be called immediately. Please make sure we have your cell phone number and an alternate phone number for your spouse or other adult in case we need to reach you. There are no program refunds given for missed days or if a child is sent home for illness.

**Emergencies**

If an emergency involving your child arises, you will be contacted immediately. If for some reason we are unable to get in contact with you, we will call the alternate emergency contact provided on the emergency information form. Please make sure that all of the information you give on the form is complete and accurate. Please note that there will be no nurse on staff, but the LRWC teachers are First Aid, AED, and CPR certified.

Please sign below to document that you have read the above information. If you have further questions or concerns, please contact us at 860-567-2062 or [bsonnenberg@lrwc.net](mailto:bsonnenberg@lrwc.net). Thank you!

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_



**Livingston Ripley Waterfowl Conservancy**

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**LRWC Summer Enrichment Program Liability Release, Emergency Treatment, Photograph Authorization, and Pick-Up Authorization Form**

Please be advised that Livingston Ripley Waterfowl Conservancy is a working farm with live birds and animals and the area is surrounded by woods. Children will be taking nature walks through the property, including around ponds and surrounding areas, where there will be uneven trails or unpaved paths. I recognize that certain hazards and dangers are inherent in this summer program that is held both indoors and outdoors. I acknowledge that although LRWC has taken safety measures in an attempt to minimize the risk of injury to participants, LRWC can neither insure nor guarantee that the participants, equipment, and/or activities will be free of hazards, accidents, and/or injuries. In addition, this program will be running during the warmest summer months. Therefore, outdoor conditions might involve the presence of bees, ticks, biting insects, snakes, and poison ivy, among other hazards.

I therefore agree that I will instruct my child in the importance of knowing and following all safety rules set by camp instructors, for both my child's safety and the safety of all participants. I hereby release, acquit, and forever discharge LRWC and any of its staff from any and all claims, causes of action, damages, or judgments, whether in contract or in tort, for any injuries that may be incurred arising out of or in any way connected with the participation of the minor child listed above in the LRWC Summer Enrichment Program.

I give my permission for employees of LRWC to give emergency treatment as necessary to the minor child listed above in the event of illness or injury. I further give permission for the minor child listed above to be transported to a local hospital or emergency medical center for treatment. Please be advised that there will be no nurse on staff, but LRWC teachers will be first aid and CPR certified. In the event that the emergency contact or preferred physician listed cannot be contacted, I further consent to medical, surgical, and hospital care, treatment, and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a licensed physician. My child's physician is listed on the next page with his/her phone number. All information listed here will be kept confidential.

In consideration of LRWC permitting my child to attend and participate in this program, I release, forever discharge, and promise not to sue LRWC or any of its affiliated entities, employees, agents, volunteers, Board of Directors, or members of the founding Ripley family, from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of my child, whether caused by negligence or other conduct by LRWC personnel while the child is participating in the program, or on or about the premises of LRWC or utilizing any of its facilities or equipment.

I agree to direct my child to cooperate and comply with all reasonable directions and instructions from LRWC staff, and to observe all program rules of conduct. I understand that if my child fails to observe those rules, or otherwise becomes disruptive in this program, I will be notified, and I agree to come to the LRWC to take my child home without refund. I understand and agree that any financial obligations resulting from vandalism, stealing, or related activity by my child will be my responsibility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Emergency Information**

Emergency contact #1: \_\_\_\_\_

Name

\_\_\_\_\_

Address

Relationship

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_

Name

\_\_\_\_\_

Address

Relationship

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_

E-mail: \_\_\_\_\_

Medical condition/allergy we should know about in case of emergency: \_\_\_\_\_

\_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Physician contact info: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Insurance Company Information: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**Photograph Authorization**

I authorize Livingston Ripley Waterfowl Conservancy (LRWC) to record my minor child's image and give LRWC and all persons or entities acting pursuant to LRWC's permission or authority, all rights to use the recorded images. I understand that said images will be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed material in connections therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future/further compensation or liability, in perpetuity.

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

**Pick-up Authorization**

Please list all individuals (including parents) who have your permission to pick up your child:

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

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

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

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

If the individuals authorized to pick up your child change during the course of the program, please contact Ben Sonnenberg at [bsonnenberg@lrwc.net](mailto:bsonnenberg@lrwc.net) or 860-567-2062 to make sure any additional names and phone numbers are listed or corrected here.

## Youth Camp Health Exam/Record

Physical Exams are Valid for 3 years from Date of Last Examination  
(Form must be completed by physician and submitted to camp before child can attend)

**Camper's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_  
**Address, City, State, Zip:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_  
**Arrival Date at LRWC:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

### THE SECTION BELOW TO BE COMPLETED BY SPECIFIED MEDICAL PRACTITIONER:

\_\_\_\_\_ May participate in all camp activities  
 \_\_\_\_\_ May participate except: \_\_\_\_\_

Date of Exam ____/____/____
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Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription or over-the-counter medication(s)?  Yes  No  
 If yes, please indicate names of medication(s): \_\_\_\_\_

Does the individual have allergies?  Yes  No Explain: \_\_\_\_\_

Is the individual on a special diet?  Yes  No Explain: \_\_\_\_\_

Does the individual have special needs?  Yes  No Explain: \_\_\_\_\_

This camper is up to date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices.

	Yes	No		Yes	No
<b>Measles</b>			<b>Hepatitis B</b>		
<b>Mumps</b>			<b>Diphtheria</b>		
<b>Rubella</b>			<b>Pertussis</b>		
<b>Chicken Pox</b>			<b>Pneumococcal Conjugate</b>		
<b>Tetanus</b>			<b>Polio</b>		

Comments: \_\_\_\_\_  
 Printed Name of medical care provider: \_\_\_\_\_  
 Medical provider's address, city, state, zip code: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, PA, ARPN or RN

Date form signed: \_\_\_\_\_