



# STANTON BIRD CLUB

## THORNCRAG NATURE WEEK

July 24-July 28 9 am to Noon

### REGISTRATION

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

### MEDICAL INFORMATION

DOCTOR NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

ANY PHYSICAL OR MEDICAL LIMITATIONS \_\_\_\_\_

Please return with a check (\$25/child) to the Stanton Bird Club

PO Box 3172, Lewiston, ME 04243



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### PHOTO RELEASE

I \_\_\_\_\_ (parent, guardian name) **allow** the Stanton Bird Club to use my child \_\_\_\_\_ in photos, videos or any statements in any media including but not limited to brochures, newsletter, website or newspaper article in any way that will benefit the program's interest.

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

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I \_\_\_\_\_ (parent, guardian name) **do not allow** the Stanton Bird Club to use my child \_\_\_\_\_ in photos, videos or any statements in any media including but not limited to brochures, newsletter, website or newspaper article in any way that will benefit the program's interest.

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

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Comments: