



# Stanton Bird Club

Thorncrag Nature Week

July 15-July 19 9 am to Noon

Registration

Child's Name \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

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: