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## 2016 MVHLC SUMMER EXPLORER PROGRAM REGISTRATION FORM

Select one:  Redwood Falls, Ramsey Park: May 23 – June 3, 2016  
 Morton City Park: June 13 – 30, 2016  
 Winthrop City Park: July 11 – 28, 2016

Child's Name \_\_\_\_\_ Gender: M / F circle one

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in School Year 2015/2016 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian First and Last Name \_\_\_\_\_

Email \_\_\_\_\_

\*This is our primary means of communicating with you for program updates and important information.  
A confirmation email will be sent to this address once registration is complete.

Parent/Guardian Phone \_\_\_\_\_ cell/home/work (circle one)

Additional Parent/Guardian (optional) \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ cell/home/work (circle one)

### ALTERNATIVE CONTACT ~ In case of emergency and adult from above cannot be contacted

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

### Explorers will need to wear their MVHLC t-shirt each day.

**T-Shirt Size:** (Circle One) Youth Small Youth Medium Youth Large Youth X-Large  
Adult Small Adult Medium Adult Large Adult X-Large

### MVHLC Summer Explorer Program Fee:

\*All programs have availability for lowered fees

\*Mail in registration form and you will be contacted about your fee

**Redwood Falls: \$175\***

**Morton: \$225\***

**Winthrop \$225 \***

Mail completed forms to: MVHLC, PO Box 127, Morton, MN 56270

You can also deliver this form to the MVHLC Office at 220 West Second Street in Morton

Questions? Email Ann Vote, Program Director at [MVHLC.explorerprogram@gmail.com](mailto:MVHLC.explorerprogram@gmail.com)

## MEDICAL INFORMATION

Please provide a current copy of immunization record of the following immunizations:

**MMR, DPT, Polio, Chicken Pox, Tetanus, Hep B and HIB**

**ALLERGIES:** (Please write none if no allergies) \_\_\_\_\_

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Please send allergy medication and/or an EpiPen with your child each day.

### MEDICATIONS TO BE ADMINISTERED AT THE PROGRAM:

(Please write none if no medications) \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time Needed \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Time Needed \_\_\_\_\_

**MEDICAL CONDITIONS (including Asthma, Epilepsy, ADHD, Asperger's Syndrome, Autism):** (Please write "none" if no medical conditions) \_\_\_\_\_

It is our policy that if the child has a one-on-one paraprofessional at school, we require an adult to be one-on-one during the program as well. It is the family's responsibility to supply an adult. Please contact Ann Vote with questions.

Check here if your child will be accompanied by an adult each day as per the policy stated above.

**Physician name & phone number** \_\_\_\_\_

**Insurance name and policy number** \_\_\_\_\_

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## MVHLC Summer Day Camp Permission/Waiver Form

I give permission for my child to take part in the MVHLC Summer Explorer Program presentations and field trips. I authorize the release and distribution of photographs and media information related to program events.

This child, to the best of my knowledge, is in good physical condition and is capable of walking, hiking, or climbing in the designated areas of the park.

I understand that hiking and other activities associated with an outdoor program have an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child.

I give my permission to the MVHLC staff and volunteers and/or hospital staff to administer proper medical assistance to the above named participant.

I agree not to hold the MVHLC Summer Explorer Program or any of their agents responsible in the event of injury to my child.

**Parent or Guardian Name (please print):** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_