

# The Ward Melville Heritage Organization

presents

# salt marsh explorers!

**Session 1: July 10 - 14 • Session 2: July 24 - 28** | **Ages 6 to 9**

## INSTRUCTIONS FOR APPLYING:

- Contact WMHO to reserve a space for your child: (631) 751-2244. *(Min. of 10 students required for class to be held.)*
- Fee: \$275.00 per child. Register by July 15th for **Early Bird Special: \$265.00.**  
*(Two weeks notice is required for all cancellations without penalty.)*
- Mail the completed application to the following address with your check made payable to:  
**Ward Melville Heritage Organization, P.O. Box 572, Stony Brook, NY 11790.**

PLEASE SELECT ONE:

- Session 1: July 10 - 14**  
 **Session 2: July 24 - 28**

**Minimum of 10 students, Maximum 15  
SO RESERVE EARLY!**

## PERSONAL INFORMATION:

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Evening (if different): \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's School: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: (other than parent parent/guardian) \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

In the event of an emergency, does the Ward Melville Heritage Organization have permission to transport your child to the emergency room? \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical insurance carrier and member number: \_\_\_\_\_

Known medical conditions: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Current medication(s): \_\_\_\_\_

## TRANSPORTATION:

Parents/guardians are responsible for the transportation of child to and from class location at Dr. Erwin Ernst Marine Conservation Center on West Meadow Creek.

## PARENTAL APPROVAL:

### I. Proximity to Water

Since this program takes place in close proximity to water, your child cannot participate unless he/she is able to swim.

Please sign to affirm that your child is able to swim: "This is to affirm that my child has the ability to swim"

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

### II. Expectations for Safety of Children

- WMHO employees will discuss rules and safety with students.
- Parents/ Guardians must certify that all Emergency Medical Information on file with this registration form is current.

### III. Waiver

All claims against Ward Melville Heritage Organization or its agents with regard to accident, illness, injury, damage, death or other loss incurred or suffered by your child during the "Salt Marsh Detectives" programs are hereby expressly waived.

Please sign to below to authorize this waiver, as well as the above written information:

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date