Authorization/ Release Form

Please bring to morning check-in on April 8th, 2020.
All children must have a signed Authorization/ Release in order to participate in the Adventures In Nature Spring Day Camp program.

________________________________________  __________________________________________
Child’s Name (Grade)  Child’s Name (Grade)

________________________________________  __________________________________________
Child’s Name (Grade)  Child’s Name (Grade)

I have read and fully agree with all the registration policies stated here. I waive all claims against the Natural History Museum foundation and its employees or volunteer workers and the County of Los Angeles for injury, accident, illness or death occurring and/or by reason of participation. Participation at La Brea Tar Pits & Museum may include, and is not limited to, activities that may be held outside of the museum including the Los Angeles County Museum of Art and Hancock Park. All Adventures In Nature activities are supervised during all program times by Natural History Museum staff, including class time, the lunch periods and Extended Care. The Natural History Museum may use pictures of my child(ren) in its promotional material. In case of emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable to the child(ren) named above.

Print & Sign (Parent or Legal Guardian)  Daytime Phone  Date

Does your child have any special or dietary needs?

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Emergency Contacts
I authorize the following adults to pick up my child:

________________________________________  __________________________________________
Name and relationship  Daytime Phone

________________________________________  __________________________________________
Name and relationship  Daytime Phone
Mission Statement and Conduct Policy

Please review with your child and bring to morning check-in

Our mission is to provide your child with the opportunity to explore fascinating topics through active encounters that spark his/her natural curiosity. We believe having an enjoyable learning experience ranks just as highly as the information that is learned.

To ensure that everyone participating in our program has a fun and safe experience, we expect all participants to be respectful of the rights and property of others, we have set the following conduct policy.

1. Our instructors and staff will go over the Adventures In Nature rules first thing in class and during the lunch period. They are: Be Smart (think before you act, pick up after yourself), Be Safe (stay with the group) and Be Nice (use kind words, keep hands to self, etc.)

2. If our staff observes a participant engaging in inappropriate behavior, we will coach him/her about the situation. Examples of inappropriate behavior include, but are not limited to fighting (verbal or physical), stealing, property damage, harassment or name-calling, disrupting the class, being disrespectful etc. The instructor or the program manager will inform the caregiver about the situation.

3. If the behavior continues after coaching, the participant may receive an in-class time out and it will be discussed with the caregiver.

4. If the behavior still continues, the participants will meet formally with the program manager to discuss his/her behavior and the participants parent/guardian will be advised.

5. If the behavior continues after formally meeting with the program manager, the participant will be excused from the program and the parent/guardian will be contacted to pick him/her up. If the participant is excused from the program before the program has ended, there will be no refund.

This policy is designed to protect your child’s right to a positive and productive learning environment, which you have paid for and have the right to expect. We thank you for your assistance in ensuring everyone at Adventures in Nature has an outstanding experience.

I have read (or been read to) and understand the above policy.

________________________________________  ______________________________________
Child’s Name                                    Child’s Signature (Ages 5 and up)

________________________________________  ______________________________________
Child’s Name                                    Child’s Signature (Ages 5 and up)

________________________________________
Parent/Guardian Signature                      Date

Inspiring wonder, discovery and responsibility for our natural and cultural worlds.