



YOUNG BIRDERS REGISTRATION FORM

How to return this form:

- **Email**

Please send PDF version of form to
youngbirders@seattleaudubon.org

- **Mail**

Seattle Audubon ATTN: Young Birders
8050 35th Ave NE
Seattle, WA 98115

Participant Information

Name (First, Last): _____

Gender: *M* *F* Age: _____ DOB: ____/____/____

School _____ Grade: _____

Home Address: _____

Primary Phone Number: _____ Owner of Phone: _____

Alternate Phone Number: _____ Owner of Phone: _____

Primary Email: _____

Alternate Email: _____

For Office Use Only:
Participant: _____
Trip(s): _____
Media Release: <i>Y</i> <i>N</i> Epi-pen: <i>Y</i> <i>N</i> Other: _____
Meds: <i>Y</i> <i>N</i> Diet Restriction: <i>Y</i> <i>N</i>

Parent/Guardian Information

Parent or Guardian Name(s): _____

Address (if different from participants): _____

Primary Phone Number: _____ Owner of Phone _____

Alternate Phone Number: _____ Owner of Phone _____

Primary Email: _____

Alternate Email: _____

Emergency Contact Information

Student's name: _____ Parent or Guardian's name(s): _____

Address: _____ City, State: _____ Zip: _____

Home phone: _____ Work phone: _____ Mobile: _____

Person to contact in case of emergency if above can't be reached:

Name: _____ Relationship to student: _____

Home phone: _____ Work phone: _____ Mobile: _____

If student has a second parent living at a different address, please include this parent's name and address:

Name: _____

Address: _____ City, State: _____ Zip: _____

Alternate emergency contact (in case other contacts can't be reached):

Name _____ Relationship to student: _____

Home phone: _____ Work phone: _____ Mobile: _____

Physician: _____ Phone: _____

Medical Plan (including ID#) _____

Please list all medical conditions, medications*, allergies, and dietary restrictions. Please also mention any restrictions on hiking/outdoor activities (*Please note: This information will be kept confidential*):

*** It is VERY important that we have a complete record of all medications and medical conditions**

Other health-related comments:

Signature of Parent or Guardian

Date _____

Young Birder's Health Concerns

Does your Young Birder have **allergies** to nature, food, or medications? If yes, please list, and describe severity, typical reaction, and treatment.

Does your Young Birder require an **Epi-pen**? If yes, please see Page 3.

Does your Young Birder have any **dietary restrictions**? If yes, please describe.

Does your Young Birder need any **special accommodations**? If yes, please describe.

Young Birder's Health Concerns (continued)

Please list any **additional medical concerns** for your Young Birder (including behavioral or developmental difficulties, recent injuries or illnesses, etc.).

Is your Young Birder currently taking any **medications**? If yes, please list. (If medications need to be administered while at camp, please see Page 3.)

Seattle Audubon Society

Release and Medical Authorization Form

Permission and Liability Release:

I hereby give my consent for _____ (name of participant) to participate in the Seattle Audubon Society (SAS) Young Birder program, including off-site field trips and other activities that may include transportation in rented vans, hiking and bird watching in a variety of rugged environments, including but not limited to, marshes, deserts, and beaches, possibly in inclement weather. I declare that I will not hold SAS, its employees, board, or any volunteers responsible for any injuries, damage or personal loss incurred while participating in this program. Further, we agree to indemnify, hold harmless, pay and defend SAS, its employees, board, and volunteers from any claims by the participant arising from his/her participation in SAS programs.

The undersigned and the above-named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructors and/or other personnel in charge of the program.

Signed: _____ Date: _____
(Parent/guardian)

Print Parent/Guardian Name: _____ Relationship: _____

Medical Authorization:

I understand that the Seattle Audubon Society (SAS), its staff, and all persons related directly or indirectly with the SAS assume no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical treatment for the above-named if I cannot be contacted immediately. I hereby consent to the administering of any and all medical procedures deemed necessary by the attending authorities.

Signed: _____ Date: _____
(Parent/guardian)

Print Parent/Guardian Name: _____ Relationship: _____

Photo Release:

I hereby grant permission for publishing, in the SAS Earthcare Northwest monthly newsletter, promotional brochures, other publications, film, television or other electronic media, any footage, pictures or sound in which the above named participant appears. Understanding that reasonable attempts will be made to notify the participant/parent prior to use of full names, I additionally consent to the use of the participant's name with these media releases.

Signed: _____ Date: _____
(Parent/guardian)

Print Parent/Guardian Name: _____ Relationship: _____

YOUNG BIRDERS GENERAL PROGRAM INFORMATION

Young Birders Participation Minimum Requirements

- Attend at least one meeting (weekday evenings, day TBD) during the year
- Attend two field trips (generally on weekends)
- 6 hours of volunteer service (chosen from a variety of days and times)

Students who meet the minimum participation requirements will receive

- A minimum of 6 hours of service-learning credits
- Priority, if available, for internships and summer Junior Naturalist positions with Seattle Audubon
- Priority for overnight field-trips

To be a Young Birder with Seattle Audubon, participant OR family of participant must be a member. Membership dues are \$40 for one year for a family membership OR \$10 for one year for a youth membership.

Payment Information

Renewing Member? New Member?

Family Membership (\$40) Youth Membership (\$10)

Cash Check no. _____

Credit Card

Visa MasterCard Discover AmEx

Card No: _____

Expiration (MM/YY) ____/____

Name as it Appears on card: _____

Signature:

Billing Address: _____

Phone Number: _____

Email: _____

Thank you for your interest in Young Birders!

If you have any questions or concerns, please contact **Malcolm Griffes or Robyn Thomas**, Seattle Audubon Education Coordinator, via email (youngbirders@seattleaudubon.org) or by phone (206-523-8243 x117)

