



Individual Participant Scholarship Application

Name of Parent/Guardian: _____

Address: _____

Phone(home): _____ Phone(cell): _____

Name of Child: _____ Age: _____ Gender: _____

Does your child receive a free school lunch? _____

Name of program for which scholarship is being requested: _____

Can you provide transportation for your child to Richardson Bay Audubon Center & Sanctuary (RBACS)? _____

Have you applied for (yes/no) or received (yes/no) a scholarship from RBACS? _____

Total program costs for this participant: _____ Amount of scholarship funds you are requesting: _____

If there is a shortfall between what our scholarship program can allocate and the total cost for the program, how will you make up for the difference?

How do you hope your student/child will benefit from a scholarship and participation in an Audubon program?

Please provide the following information:

Gross monthly income: _____ Gross month expenses: _____

Do you own a home?

Please feel free to add any additional information you feel may help us make as informed a decision as possible.

Which week(s) of summer camp could your child attend?

Audubon Summer Adventures (Ages 4-9)

- | | |
|--|--|
| <input type="radio"/> June 5-9 – Discovering Nature | <input type="radio"/> July 10-14 – Shark Week 2 |
| <input type="radio"/> June 12-16 – Living on the Bay | <input type="radio"/> July 17-22 – Shoreline Survivors |
| <input type="radio"/> June 19-23 – Shark Week 1 | <input type="radio"/> July 24-28 – Water Detectives |
| <input type="radio"/> June 26-30 – Tidal Adventures | <input type="radio"/> July 31-Aug 4 – Shark Week 3 |
| <input type="radio"/> July 3, 5-7 – Mud Warriors 1 | <input type="radio"/> Aug 7-11 – Mud Warriors 2 |

On the Fly, grades 4th through 6th

June 26-30

Expedition Camp, grades 4th through 6th

July 10 to 14 July 17 to 21 July 24 to 28

Please note the following guidelines for applicants:

1. Consideration will be given to early applicants.
2. Scholarships will be awarded based on need.
3. Priority may be given to campers that have **not** previously received a scholarship.

I certify that the information I have provided is true to the best of my knowledge.

Signature: _____ Date: _____

Parent email: _____

For Office Use Only: Date rec'd _____ Camp Registration Forms Received _____

If you have any questions, please contact
Casey Arndtr, Engagement and Operations Manager

415-388-2524 x111
carndt@audubon.org

Audubon Adventures Camp

Please be sure to send in the following forms prior to camp: ✓ Registration & emergency/health form (this page)
✓ Photo/Liability Release form
✓ A check made out to: Richardson Bay

Audubon Camper's Name(s): _____

Age(s) & Birthdate(s): _____

Day Phone (_____) _____ Other Phone (_____) _____

Address _____ Zip Code _____

Email _____

Would you like to be added to our mailing list (we do not share our information)?: YES NO

Camp week you are registering for (theme and date):

Total Registration Fee included: \$ _____
(amount paid after scholarship)

****CANCELLATION FEE \$25 for
processing**

EMERGENCY/HEALTH INFORMATION (complete for each child)

Parent/Guardian Phone #1 _____ #2 _____

Emergency contact person (other than parents): _____

Relation _____ Home phone _____ Cell phone _____

Child's physician _____ Phone _____

Medical Insurance Carrier _____ ID# _____

Limitations/Medications/Allergies (e.g. peanuts, bees...)

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**RELEASE OF LIABILITY & USE OF IMAGE
BY PARENT/GUARDIAN OF CHILD PARTICIPANT**

Child's Name _____ **DOB** _____
Audubon Summer Adventures Camp at Richardson Bay Audubon Center & Sanctuary
Date of Participation (include all dates) _____

As the parent and/or legal guardian of the child named above, I wish for my child to participate in National Audubon Society, Inc.'s ("Audubon") program identified above (the "Program"), which may include in-the-classroom and outdoor field trip experiences. I understand that there are possible dangers associated with the Program, including but not limited to, contact with allergenic plants, stinging insects, or transporting to field trip sites. I understand that my child's participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the Program.

I agree that my child is participating in the Program at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I hereby grant permission to Audubon and National Inclusion Project to reproduce my child's appearance, likeness, and voice in connection with the Program in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

I expressly release Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.

I expressly waive all rights under Section 1542 of the Civil Code of California, which reads as follows: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Parent/Guardian Signature: _____
Print Name: _____
Address: _____
City, Zip Code: _____
Date _____