



**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 18-22 – Mud Warriors           | <input type="radio"/> July 23-27 – Mud Warriors 2 |
| <input type="radio"/> June 25-29 – Shark Week 1           | <input type="radio"/> July 30-Aug 3– Survivor     |
| <input type="radio"/> July 2-3, 4-5 – Shoreline Survivors | <input type="radio"/> Aug 6-10 – Shark Week 3     |
| <input type="radio"/> July 9-13 – Water Detectives        | <input type="radio"/> Aug 13-17 – Wild Wings      |
| <input type="radio"/> July 16-20 – Shark Week 2           |   |

**On the Fly, grades 4<sup>th</sup> through 6<sup>th</sup>**

June 25-29

**Expedition Camp, grades 4<sup>th</sup> through 6<sup>th</sup>**

July 9 to 13                       July 16 to 20                       July 23 to 27

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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\_\_\_\_\_

\_\_\_\_\_

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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 \_\_\_\_\_