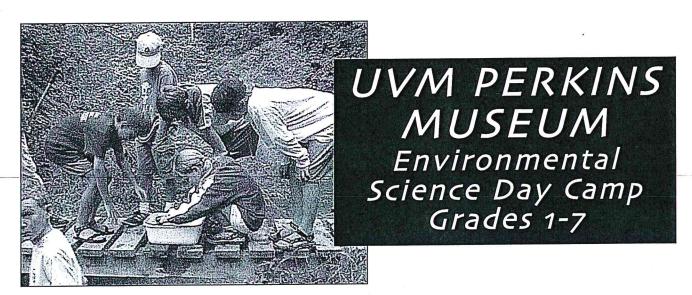
This summer, your child is invited...



Dates: July 17-21, 2017, 9-4 M-F. One week only.

Campers: Students entering Grades 1-7 next fall.

Cost: \$395 (\$375 for 2nd family member); includes Hand Lens

Where: UVM Perkins Museum, Delehanty Hall, UVM Trinity Campus

180 Colchester Ave., Burlington, VT 05405

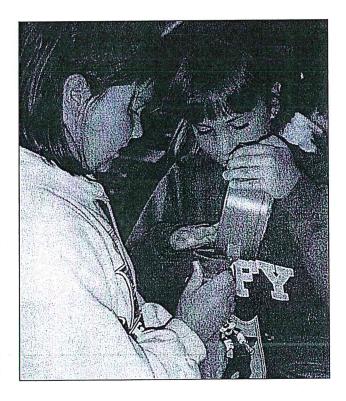
Contact: Christine Massey, 802-656-1344, christine.massey@uvm.edu

Web: uvm.edu/geology/geodept/daycamp

Please join us for field excursions and walks that explore the natural world from an environmental perspective. Curriculum content may include botany, biology, geology, soils, hydrology, chemistry or other natural science themes. Hands-on activities and experimentation is tailored to separate age groups (Gr. 1-2, 3-4, & 5-7) with breaks for snacks, lunch and recreational playing.

Students work in groups with approximately one teacher for every seven students. Students bring a lunch, drink, and snacks. We are a NUT-FREE camp. Please dress for the weather. Drop-off is the Perkins Museum at UVM.

Additional registration forms: uvm.edu/geology/geodept/daycamp



Gr. 1-7 "Science in Vermont" Environmental Science Day Camp 2017

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Student Name		Student Phone						
Mailing Address								
Birth Date	Gender	Grade in the Fall of 2017	1	2	3	4	5 6	5 7
Does your child require a boos	ster seat? (Yes / No)							
dropped off at 9:00 am and picked and drinks (NUT-FREE please). The in classrooms or outside. Each day from: uvm.edu/geology/geodept/day check (payable to the University of	ironmental Science Camp Hall (180 Colchester Average at 4:00 pm from the Pene daily schedule will consults includes recreational accamp. The program fee of Vermont) and accompany	orkins Museum. Students must br sist of local field excursions and value play outside. Additional registrants of \$395.00 (\$375.00 for 2nd family	y Car ring the valks tion for y men	npus neir o with forms mbes	own han s ma r) sh	lundends-e nds-e ny be ould	nts sho ch, sna on act down l be pa	ould be acks, ivities aloaded aid by
Student Allergies (foods, medication	s, bee stings, other?)							
Medical Conditions (attach separate	page for special needs)							
Tetanus Booster Date	Medications (Bring Inhalers an	d FriPans daily)						_
Insurance Name		570 F. W.	licy#					
Student Physician: Name		Phone						
Physician Address								
Parent: Name		Email						
Day Phone	2 nd Day Phone	Hom	e Pho	one .				
Additional Emergency Contact	: Name	Phone					,	_
Relationship to Student		2 nd Phone						
I give permission for my child to Gr. 1-7 Students, which may include the photographed by UVM staff. I we reasonable accommodation (as noted an not be reached, I give permission has adequate medical insurance cover I understand that even after reasurable university of Vermont will provide a will remain free of injury. I, nonethed University of Vermont, its trustees, contained the University of Vermont from causificers, employees or agents.	o participate in the UVM of coutdoor walks or hikes are rify that my child is in go a below). In the event of a n for my child to be treated trage for the cost of such to onable precautions have beach participant with due coless, wish to have my child officers, employees, and again it is a below of action arising out of the coutdoor	Science in Vermont" Environme and travel in UVM vehicles. I give od health and can participate in commedical emergency when I or many at an Emergency Medical Center reatment. Seen taken, camp activities may in care, but that the University of Veld participate. I agree to hold harm gents from any and all losses, pen approactivities. This release, however	ntal S permamp a y Em r and volve rmon mless alties	Scientissi activerge I ve haz at can and i, inju	on for ities ney erify ards induries interior	Day or more with Contract that ensurements, day	Camp ny chil h or w tact al my cl d that ure my ify the mages	for d to without bove hild the y child
Accommodation needed:		(Parent Signature)			(L	ate)		