



What: A new, urban environmental program for girls of African descent ages 7 – 17.

Where: Butterfly House
3543 S. Indiana Ave.
Chicago, IL 60653

When: Saturday, March 20 through Saturday, August, 21
(program meets the third Saturday of each month)

PROGRAM FEE: \$45 _____ Paid in Full _____ Balance Due **Method of Payment:** Cash Check

PARTICIPANT INFORMATION

Name of Participant _____ Date of Birth _____ Age _____

FAMILY INFORMATION

Name of Parent/Primary Caregiver: _____

Relationship: _____ Primary Language Spoken: _____

Address of Participant: _____ Zip Code: _____

Home Phone: _____ Other Phone: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Zip Code: _____

Phone: _____ **(Emergency Contact phone number is needed)**

SCHOOL INFORMATION

Name of Participant's School: _____

Teacher/Homeroom: _____ Year/Grade: _____

MEDICAL INFORMATION

Name of Participant's Doctor or Clinic: _____

Address: _____ Phone: _____

Name of Insurance Company: _____ Policy #: _____

List all medications (with doses/times taken) that are prescribed to participant:

Does Participant have any allergies to food/other products? YES NO If yes, describe:

Describe all medical conditions or other special needs:



Camp Butterfly's Girls Gone Green Program aims to foster a holistic approach and perspective of self and the environment for girls of African descent, ages 7 – 17. Through our program we hope to encourage and nurture participants' awareness of the environment while preparing these young women to be ambassadors of environmental justice and advocacy for future generations.

Camp Butterfly – Girls Gone Green – 3543 S. Indiana Ave. Chicago, IL 60653 – 312-328-0800 – 312-328-0857 (fax) – www.campbutterfly.org

General & Medical Release

For good consideration, including the privilege of participating in programming with Camp Butterfly from March 2010 through August 2010, the undersigned hereby releases Camp Butterfly, program partners, respective officers, directors, agents and employees from all liability, claims, demands, actions, losses or obligations of whatever nature, at law, in equity or otherwise whatsoever, arising out of, or related in any manner to the undersigned child's participation in any Camp Butterfly programs and activities. In signing the foregoing release, the undersigned hereby acknowledges and represents that he/she has read the foregoing release, understands it and signs it voluntarily as the authorized parent/guardian grants permission for child to participate in, travel with and receive any needed medical care required while in programming with Camp Butterfly. In addition to the foregoing release and in no way in limitation thereof, in the event of a medical emergency, I hereby authorize Camp Butterfly and its chosen medical professionals to obtain medical care, treatment or hospitalization for my child. I understand that I am responsible for all costs/payments associated with her medical care. To the best of my knowledge, I confirm my child is in good physical health and no condition exists preventing her from safely participating in the program.

Photo & Information Release

I give Camp Butterfly my free and unlimited consent to use, broadcast or publish with or without identification of me or my family by name, all photographs, videotapes, films or interviews that are taken or recorded in connection with or in any way related to Camp Butterfly programs and activities. I also give my permission to Camp Butterfly to authorize any newspaper, company or other organization to use, broadcast or publish above named materials.

Program Evaluation Consent

I understand that during the period from March 2010 through August 2010, Camp Butterfly will be conducting a comprehensive research evaluation, with the help of outside research schools/organizations, of all programs and services of the Camp Butterfly organization. My daughter may be asked to complete a questionnaire or to participate in a focus group about her likes and dislikes of the program or to obtain other information relating to the impact of Camp Butterfly programs on the involved participants. I understand that grades, attendance and other school-related information may be supplied to Camp Butterfly by my daughter's school/program. All information so received by Camp Butterfly will remain confidential, including my daughter's name and other identifying information unless further permission is granted by me.

I, parent/guardian of above Participant, give permission for my child to participate in Camp Butterfly's Girls Gone Green program and understand all above releases and disclaimers. I understand that staff will be in communication with me about my child's involvement with Camp Butterfly and that I can contact the organization at any time to communicate regarding my daughter's participation.

Parent/Guardian Signature: _____ Date: _____