

Registration Information

Sessions are Monday through Thursday
from 10:00 a.m. to 2:00 p.m.

Fee: \$100 per session

Maximum 15 children per session.

Registration closes when session fills. If
minimum enrollment is not met for any
session, then that session may be
canceled.

Session One

July 6th through 9th

Children entering first and second grades.
(Registration deadline is June 19th.)

Session Two

July 13th through 16th

Children entering third and fourth grades.
(Registration deadline is June 26th.)

Session Three

July 20th through 23rd.

Children entering fifth and sixth grades.
(Registration deadline is July 3rd.)

Session Four

July 27th through July 30th.

Children entering seventh and eighth grades.
(Registration deadline is July 10th.)

Please make checks payable / mail to:

Trailside Discovery Program

Trailside Museums & Zoo

P.O. Box 427

Bear Mountain, NY 10911

Trailside Discovery Registration Form

(Please detach form and submit with payment.)

Session Requested: _____

Child's Name: _____ Birth Date: ___ / ___ / ___ Grade next fall: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Workplace Name: _____ Work Phone: _____

Parent/Guardian Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Workplace Name: _____ Work Phone: _____

Medical Information

Allergies? No or Yes. If yes, please explain _____

Does your child have an epi-pen? _____ Will it be sent with your child? _____

Please be advised that we cannot administer medication of any type to your child.

Other medical conditions that we need to be advised of? _____

Special Needs? _____

Emergency Contact Information

Contact Name: _____ Phone: _____

Relationship to child: _____

Contact Name: _____ Phone: _____

Relationship to child: _____

Releases

If parent(s) or legal guardian(s) cannot be reached in the event of an emergency, I hereby appoint the staff of Bear Mountain State Park to act in my/our behalf to administer first aid treatment and/or to authorize unexpected medical, dental or surgical care and hospitalization for my child. I give permission for my child to participate in all Trailside Discovery activities.

I give Bear Mountain State Park staff permission to release my child to the emergency contacts listed above. These people have my permission to make decisions as to the welfare and health of my child.

I give Bear Mountain State Park permission to take, publish, and reproduce photographs, slides or video of my child for publicity purposes.

Signature of Parent/Guardian: _____ Date: ___ / ___ / ___

Please Print Name of Parent/Guardian: _____