P	ermission ai 774 Orweiler \$30/day c	nd Release	field, OH 44903	Paid Cash Check Number Confirmation	
Please check day(s) your child wi		_ Monday Janu	oer 29, 2017 ary 15, 2018 (MLK Jr. Day ruary 19, 2018 (Presidents'		
PLEASE PRINT THE FOLLOWING INFO	DRMATION:				
CAMPER'S NAME:					
ADDRESS:	DRESS: E-mail Address				
CITY:	STATE:	ZIP:	BIRTH DATE:		
MEDICAL, PHYSICAL AND/OR	learning dis	Abilities			
	resources. Accept	ance to camp is n	ot affected by this informatic	ɔŋ.)	
PARENT'S or GUARDIAN'S NA/	ME				
PHONE #: (HOME)		(CELL) _			
Physician's Name and Phone Nur	nber	Paren	t's Health Insurance Cor	npany	
We, the parents or legal guardians of experience at the Ohio Bird Sanctuary at child to attend.	its outdoor facility	, w v at 3774 Orweiler	ould like to register our child Rd., Mansfield, Ohio and he	d for the camp reby permit our	
We understand that, while all possible pr experience, the Ohio Bird Sanctuary will our child visits this facility, and we releas	not be held respon	sible for injuries o	or losses, either to person or p		
We also understand that some of the act these risks and of our child's ability.	ivities, such as trail	hiking, have risks	and may be strenuous. We a	are aware of	

We also understand that we are responsible for our child's actions while at the facility. We agree to be responsible and pay for any property damage caused by our child.