

Elementary Field Science 2025

Casper College

Student Information

Student Legal Name _____ Gender Male Female (circle one)
DateBirth: _____ School _____ Teacher _____
Parent/guardian _____
Address _____ City _____ State _____ Zip _____
Parent'sPhone _____ Email _____

By checking this box, I acknowledge that the application has been correctly completed and I endorse my child's participation at the 2025 Elementary Field Science Program hosted by Casper College.

Parent/Guardian Signature: _____

Date: _____

How did you hear about us?

Please indicate below how you learned about Field Science summer camp

Emergency Contact

In case of emergency and the parent/guardian cannot be notified at the above phone number, please contact:

Name _____

Relationship _____ Phone _____

Photo Release

As parent or guardian, I understand that when participating in the Summer Field Science Program, my child will be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats and I waive any right to receive compensation for the use of said photographs and video.

Parent/Guardian

Signature: _____ Date: _____

PLEASE COMPLETE BOTH PAGES AND RETURN TO PAUL MARQUARD

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Medical Information

Physician's Name _____ Physician's phone _____

Please list any required **medications, allergies and special health considerations.**

Insurance Information

One of the following must be checked.

_____ I, as legal parent/guardian, state that my child is covered by medical insurance, to include accidents through a policy issued by the following insurance company:

Name of Insurance Company: _____

Group/Policy # _____

_____ This is to inform you that my child is not covered by any medical insurance and I will accept the full responsibility for any and all medical cost should such an event occur.

Consent For Emergency Medical Care

I affirm that I am the child's legal parent or guardian. I release Casper College and all staff and volunteers from any responsibility for medical or related travel expenses which occur during or are related to this activity. I give my permission for an authorized representative of Casper College to sign for emergency treatment for my child. This form will provide for immediate and all medically necessary treatment.

I authorize all medical and surgical treatment, x-ray, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatments. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature: _____ **Date:** _____

Instructions – please complete this form and mail to:

Paul Marquard
Casper College
125 College Dr.
Casper, WY 82601

Payment Information:

The course registration fee of \$125 is due on June 11, 2025. Payment may be included with the registration form and made out to Casper College.

We will send out selection notices via email as soon as possible after registration forms are received.