DOTHAN AREA BOTANICAL GARDENS

2024 Summer Program Registration Form

Child's Name _____ Gender M ( ) F ( )

Birth Date _____ Age _____

Parent's Name _____ Garden Member: Yes ( ) No ( )

Address _____ City _____ State ___ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Email _____

Program Choices

1st Choice	Date	Amount	2nd Choice	Date	Amount

Total Amount Due $ _____

Payment Type: Cash_____Check _____

Credit/Debit Card: Card # _____ Exp. Date _____ Code _____

Signature _____

Health Information:

List any known allergies which the child may have _____

If the child will be taking any medication while at the Dothan Area Botanical Gardens, please list them here with the reason for each:

Medication:_____Reason:_____
Medication:_____Reason:_____
Medication:_____Reason:_____
Medication:_____Reason:_____

List other important medical information or related information that we should be aware of:

_____

RELEASE

I hereby authorize my child to participate in the summer program (s) at the Dothan Area Botanical Gardens. In the event of an accident requiring medical treatment, I authorize my child to receive such treatment as the attending medical personnel deem appropriate. I also agree not to hold the Dothan Area Botanical Gardens or person (s) acting in its behalf responsible for injuries suffered by my child during activities sponsored by that organization.

Parent (s) Signature _____

All Registrations MUST be paid at time of registration.

Mail To: Dothan Area Botanical Gardens,5130 Headland Avenue, Dothan, AL 36303