



Camp Registration Form

CHILD'S PARENT/GUARDIAN NAME

First _____ Last _____

Home Address _____

City/State/Zip _____

Email _____

Cell Phone _____ Home Phone _____

Employer Name (if applicable) _____ Work Phone _____

CHILD'S OTHER PARENT/GUARDIAN NAME

First _____ Last _____

Home Address (if different from above) _____

City/State/Zip _____

Email _____

Cell Phone _____ Home Phone _____

Employer Name (if applicable) _____ Work Phone _____

Other than you and the person listed as *Child's Other Parent/Guardian*, who else has permission to pick up your child? NOTE: Children will not be released to anyone not listed on this form. ID must be provided.

First _____ Last _____

Relationship _____

Cell Phone _____ Home Phone _____

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EMERGENCY CONTACT NAMES

First _____ Last _____

Cell Phone _____ Home Phone _____ Work Phone _____

First _____ Last _____

Cell Phone _____ Home Phone _____ Work Phone _____

FIRST CHILD

First Child's Name

First _____ Last _____

Age _____ Birth date _____ Gender _____

FIRST CHILD'S HEALTH INFORMATION

Child's Health Care Provider _____ Phone _____

Known or suspected allergies, including drug reactions

Please list any medications your child is taking that need to be administered while your child is at the museum. _____

Recent Injuries or illnesses _____

Does your child have any special needs we should be aware of?

Additional Comments

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SECOND CHILD

Second Child's Name

First _____ Last _____

Age _____ Birth date _____ Gender _____

SECOND CHILD'S HEALTH INFORMATION

Child's Health Care Provider (if different from above _____)

Phone _____

Known or suspected allergies, including drug reactions

Please list any medications your child is taking that need to be administered while your child is at the museum. _____

Recent Injuries or illnesses _____

Does your child have any special needs we should be aware of?

Additional Comments

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CAMPS REQUESTED – FIRST CHILD

Choose as Many as Required

- | | | |
|---------------------|------------------|----------------------|
| 1. Spanish Camp 1 | July 5-9, 2021 | I 8:30 AM - 12:30 PM |
| 2. Spanish Camp 2 | July 12-16, 2021 | I 8:30 AM - 12:30 PM |
| 3. Adventure Camp 1 | July 19-23, 2021 | I 8:30 AM - 12:30 PM |
| 4. Adventure Camp 2 | July 26-30, 2021 | I 8:30 AM - 12:30 PM |

CAMPS REQUESTED – SECOND CHILD

Choose as Many as Required

- | | | |
|---------------------|------------------|----------------------|
| 1. Spanish Camp 1 | July 5-9, 2021 | I 8:30 AM - 12:30 PM |
| 2. Spanish Camp 2 | July 12-16, 2021 | I 8:30 AM - 12:30 PM |
| 3. Adventure Camp 1 | July 19-23, 2021 | I 8:30 AM - 12:30 PM |
| 4. Adventure Camp 2 | July 26-30, 2021 | I 8:30 AM - 12:30 PM |

NATURE OF ACTIVITIES

Our camps seek to provide children with supervised experiences within a history museum setting, allowing for different cultural experiences and opportunities for personal growth and maturation. Staff and volunteers will take every reasonable precaution to ensure your child's safety when participating in these programs. Some activities can, by their nature, pose some risk, including but not limited to physical exertion and exposure to environmental or contact allergens. Therefore, our staff needs to be fully informed of any physical, emotional or developmental challenges that might place your child at greater-than-normal risk.

PERMISSION AND CONSENT:

1. I give permission, without limitation or obligation, to use photographs, film footage, or tape recording, which may include my child's image or voice for purposes of promoting or interpreting Yakima Valley Museum programs and release the Yakima Valley Museum and from any claim of liability for that use.
2. I have completed this form fully and to the best of my knowledge. I understand and hereby consent to allow my child to engage in the activities described above under Nature of Activities and agree to assume the reasonable risk of participation in these activities. I hereby grant permission to the Yakima Valley Museum staff and/or medical personnel to give my child basic first aid. In the event I cannot be reached in an emergency, I give permission to medical personnel selected by the Yakima Valley Museum staff to secure and administer treatment (including hospitalization) and provide necessary transportation for my child as named above. The Museum staff will make every effort to notify me whenever my child becomes ill or injured, and if required, I agree to pick up my child thereafter as soon as possible.

Parent/Guardian Signature _____ **Date** _____