



## 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

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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

**Camp Registration Form**

**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 11-15, 2022 | 8:30 AM - 12:30 PM |
| 2. Spanish Camp 2 | July 18-22, 2022 | 8:30 AM - 12:30 PM |

**CAMPS REQUESTED – SECOND CHILD**

Choose as Many as Required

- |                   |                  |                    |
|-------------------|------------------|--------------------|
| 1. Spanish Camp 1 | July 11-15, 2022 | 8:30 AM - 12:30 PM |
| 2. Spanish Camp 2 | July 18-22, 2022 | 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** \_\_\_\_\_