



# REGISTRATION AND HEALTH FORM SUMMER DAY CAMP PROGRAMS 2009

Please complete one form for each camper and indicate which camp(s) you are interested in.

- Critter Camp, June 8-12**  
Grade K5, Museum of York County  
Members: \$70/ Non-member: \$90
- EcoTots, June 15-18**  
3 & 4 year olds, Museum of York County  
Members: \$55/ Non-member: \$75
- Time Travelers, June 15-19**  
Grades 4, 5 & 6, Historic Brattonsville  
Members: \$165/ Non-member: \$185
- Junior Explorers, June 22-26**  
Grades 1 & 2, Museum of York County  
Members: \$100/ Non-member: \$120
- Nature Detectives, July 6-10**  
Grades 2 & 3, Museum of York County  
Members: \$100/ Non-member: \$120
- River Rats, July 13-17**  
Grades 3, 4 & 5, Museum of York County  
Members: \$100/ Non-member: \$120
- Quest Camp, July 21-24**  
Grades 5, 6 & 7, Museum of York County  
Members: \$65/ Non-member: \$85

**For your child to be registered, this form must be complete and the program fees must be paid in full. Include check payable to "CHM" and mail to:**

Museum of York County  
4621 Mt Gallant Rd  
Rock Hill, SC 29732  
ATTN: Summer Camp Registration

*Questions? Please call us at 803-981-9182*

**CHILD'S NAME:** \_\_\_\_\_ Age (as of June 1<sup>st</sup>) \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Child's Grade in the Fall: \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**FOR OUR RECORDS**

May we share your address/phone number with other camp parents for car-pooling purposes? YES NO  
 Has your child attended a camp with us before? YES NO  
 Are you currently a member of the Culture & Heritage Museums? YES NO

*Please turn over to complete the form.*

**HEALTH HISTORY**

<b>Please indicate if the child has had a history of:</b>	YES	NO	<b>Are there any activities that are either encouraged or discouraged by your physician?</b>	
Heart Defect/Disease				
Convulsions				
Diabetes				
Bleeding/Clotting Disorders				
Psychiatric Treatment				
Asthma			<b>Any disabilities or recurring illnesses?</b>	
Hayfever				
Allergies to:	Poison Ivy			
	Insect Stings			
	Penicillin			
	Other Drugs			
Any Food			<b>Is tetanus booster within last ten years?</b>	
			YES	NO
<b>Doctor's Name:</b>			<b>Doctor's Phone:</b>	
<b>Medication:</b> Please indicate if any medicine will need to be administered during camp. (If yes, you will receive a medication policy and instructions prior to camp.) YES NO				

**If you answered "YES" to any of the above questions, please explain.**

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**WAIVER**

*If my child/ward should require minor or major medical treatment during the course of participation in Summer Camp activities, I give my permission to the Culture & Heritage Museums and/or medical staff which they may appoint to carry out any necessary treatment and to arrange transportation for my child/ward to the emergency room of the nearest hospital, if necessary, for the administration of treatment. I understand that I will be responsible for all costs incurred in any such emergency.*

*I, the undersigned parent/guardian hereby freely and knowingly waive and release the Culture & Heritage Museums, its agents and organizers, and will hold them harmless, from any and every liability and responsibility for personal injury, death, damage to property, or other loss sustained by the participant as a result of or arising out of the child's participation in any activity conducted by the Culture & Heritage Museums. I assume all risks and hazards incidental to the conduct of the activity.*

*The health history is correct to the best of my knowledge, and the person therein described has permission to engage in all camp activities except as noted.*

*As the parent/guardian of the above camp participant, I consent to the use of videotaped footage and/or photographs of the camp participant, and/or use of any remarks by the camp participant for use on any promotional materials or proper and legitimate educational and/or commercial purposes by the Culture & Heritage Museums.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please note that the form will be returned if incomplete.**

**Cancellations/Refunds:** If minimum enrollment is not received by the registration deadline, we reserve the right to cancel the camp and a full refund will be given. There will be a \$10.00 processing fee for all cancellations of completed registrations. There are no refunds given for cancellations less than two weeks before the start date of camp.

<i>For internal use only:</i> Date received: _____ Reviewed by: _____
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