

# Baker Heritage Museum Summer Camp 2009 Liability and Registration Form

(For our records, please copy and fill out a separate form for each child.)

Camper's Name \_\_\_\_\_

Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father: \_\_\_\_\_

Phone# (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mother: \_\_\_\_\_

Phone# (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician \_\_\_\_\_

Phone# \_\_\_\_\_

Insurance Policy: \_\_\_\_\_ Phone# \_\_\_\_\_

**Please list Emergency Contacts and/or people who have permission to pick up your child.**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**Please check or indicate any medical information that would help us to better care for your child.**

Asthma  Inhaler  Bee Allergies  Peanut

Other Allergies/Medical Conditions: \_\_\_\_\_

**How did you find out about our camp?** Newspaper Flyer Friend Other \_\_\_\_\_

I, \_\_\_\_\_

Please print name(s) of parent(s) or legal guardian(s)

Grant permission for our child to attend and participate in all **Baker Heritage Museum Summer Camp** activities at the Baker Heritage Museum and Geiser Pollman Park during Camp hours from 9:00 am to 12:00 pm on July 13-17, 2009.

WAIVER AND RELEASE: I do hereby release, waive, hold harmless and discharge the Baker Heritage Museum, its Staff, Representatives and any and all organizations, persons and personnel associated with said Baker Heritage Museum Summer Camp, from any and all loss, damage, injuries and/or claims of any kind arising from my child's participation, even though that liability may arise from negligence or carelessness on the part of the persons and organization named in this waiver. The Baker Heritage Museum Staff reserves the right to dismiss participants who physically, emotionally or verbally pose a threat to their own safety, the safety of other campers or camp staff; there will be no refund of any amount because of behavior problems. I also realize that the Baker Heritage Museum does not carry accident and/or medical insurance on participants. In the event that I cannot be reached in a timely manner, I give permission for my child to receive emergency medical treatment as necessary. I agree to assume any and all costs associated with medical needs both now and any which may arise as a result of my child's participation in the Baker Heritage Museum Summer Camp. BY MY SIGNATURE BELOW I DECLARE THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT THIS WAIVER AND RELEASE.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please take this form along with camp fee of \$25 to the Baker Heritage Museum by July 8th. Make checks payable to the Baker Heritage Museum. Open 9-4 Daily 2480 Grove Street (541) 523-9308**