

EPMH



2017 – Spring History Camp Registration Form

We request one registration form per participant. Please complete this form and mail, FAX, email, or drop off at: El Paso Museum of History, Attn: Jaime Knoedler, Community Engagement Coordinator.

Child's Name _____

Child's Age on September 1, 2016 _____ registering for Spring; March 14-17; from Prizms to Film Session
(Dates)

Name of Parent or Guardian _____

Mailing Address _____
Street Address City State Zip

E-Mail _____

Day Phone _____ Evening Phone _____

Registration ends when space in each camp is filled or the Friday before camp starts. There is a limit of 12 participants for each session of the camp. Please check off which session you are registering for.

Parent/Guardian
Signature _____ Date _____

PAYMENT - Please see Policies noted below:

Fees: Members: \$55.00; Non-Members: \$70.00

Registration Form & Fee

Required no later than 3:00 pm on the Wednesday before camp begins

Cost: \$55.00 museum members and \$70.00 for non-members

Registration is on a first-come, first-served basis, limited to 12 participants.

Please fill in amount of payment below:

Cash _____ Check _____ Charge _____

Please make checks payable to: El Paso Museum of History

Or fill out the following information completely:

Name as it appears on the Credit Card _____

Mailing Address of Credit Card Holder:

Street _____ City _____ State _____ Zip _____

Phone Number of Credit Card Holder: _____

Credit Card Name: _____

We accept Visa, Master, Discover We do not accept AMEX

Credit Card Number: _____

Expiration Date _____ Three digit number on back of card _____

Signature of Card Holder: _____

POLICIES:

Full payment must accompany registration in advance of the first day of camp. This is a four-day camp. Attendance is necessary on the first day in order to attend days 2 through 4. There is no reduction in fee for attending fewer days. Registration ends when all twelve spaces in the camp are filled. Only paid participants are allowed in the camp, no visitors. The camp is not designed for parents to attend or volunteer (unless asked). The museum reserves the right to cancel the camp if it does not meet minimal enrollment requirements. Refunds are given under the following conditions: (1) if the camp is cancelled or an enrollment is denied due to camp size limitation; (2) if a participant must cancel before the camp begins, a full refund is given only if notice is received at least 1 week in advance of the first day of camp. There will be no partial refunds and no credits. Refunds will not be given due to expulsion or suspension from the camp.

Preparation for Camp

This is an interactive, hands-on program held at the EPMH, Periodically, we may go outside. Please prepare by wearing sun screen, sturdy shoes (no sandals), protective clothing, insect repellent, and a hat for the outdoor activities.

Each participant should bring their own snacks and beverages.

Participant Information

In case of emergency, we request the name and telephone number of a physician for each participant. All information including Physician's phone number REQUIRED.

Mother/Guardian's Name _____ Daytime Phone _____

Father/Guardian's Name _____ Daytime Phone _____

Child's Physician _____ Physician's Phone _____
(Local Physician)

Insurance Provider _____

Name of Policy Holder _____ Policy Number _____

Emergency Contact Information (other than Parent/Guardian)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Authorized Pick-up Persons (other than Parent/Guardian)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Medical Information

Does your child have any of the following? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Seasonal Allergies | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Medication Allergies (please list below) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Food Allergies (please list below) | <input type="checkbox"/> Insect Sting Allergy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Difficulties |

Please list all allergies checked above here:

Is your child on any medications? If yes, please list _____

Will your child need to receive medication during the camp? Yes No

Note: Parent/Guardian must be present to administer medication.

Does your child have any serious fears or phobias? If so, please describe:

Does your child have any physical limitations or handicaps? If so, please describe:

Each participant should bring their own snacks and beverages.

If your child has any food allergies, especially nut allergies, please be sure your child knows they should only eat their own snacks and drink their own beverages.

Parental Agreement

(Please Initial Each Statement)

- _____ I give permission to the El Paso Museum of History to arrange for emergency medical attention to my child in my absence. I understand the El Paso Museum of History will make every effort to contact the parent in case of emergency. I understand I am liable for any medical care costs incurred in the case of emergency treatment.

- _____ The information on the preceding pages is correct and current to the best of my knowledge. I agree to make the El Paso Museum of History aware of any changes to my address, phone, emergency, contact information, etc. as soon as these changes occur.

- _____ I authorize the El Paso Museum of History to use any photograph of my child for public relations purposes and I agree to sign the Photography Form: Consent and Release from Liability that accompanies this registration form.

- _____ I understand that I am liable for the dangers and risks to my child participating in this program and I agree to sign the Agreement and Release of Liability form that accompanies this registration form.

Behavior contract

(Please Initial)

- _____ In the interest of the safety of all participants and staff, any child exhibiting behavior that may cause harm to themselves, other participants, or staff, or that disrupts camp activities, will be asked to leave. These behaviors include, but are not limited to, climbing, jumping, hitting, kicking, biting, sexual harassment, and/or possessing weapons or illegal substances.

- _____ I have discussed the above rules with my child and we agree to abide by them. I understand that if my child does not follow these principles, a personal conversation between the Camp Director and Parent/Guardian will occur prior to any action being taken. Participants not abiding by these rules will be asked to leave the El Paso Museum of History program.

Refunds will not be given due to expulsion or suspension from program.

Parent/Guardian

Signature _____ Date _____



CITY OF EL PASO
El Paso Museum of History
FOR PHOTOGRAPHY - Consent and Release From Liability

I, _____, for Child _____
(Parent Print Name) (Print Child's Name)

hereby consent to being photographed by agents, employees, volunteers, and contractors of the City of El Paso Museum of History for general publicity purposes. I further authorize the City of El Paso, Museum of History, its agents, employees, and contractors to copyright, use, re-use, publish and re-publish any still or video photographs of me, as well as any electronic recordings and other illustrations, in whole or in part. I also consent to the use of my photograph with any printed matter connected therewith.

I hereby waive any right that I may have to inspect and approve the finished product(s) and printed matter that may be used in connection therewith.

I hereby agree to release and hold harmless the City of El Paso Museum of History, its officers, agents, and employees from all liabilities, losses, suits, claims, judgments or demands arising out of the use of pictures or other personal information for the purpose set out in this Consent and Release form.

By signing this Consent and Release, I also acknowledge that I have been advised that my participation in the preparation of any materials by the El Paso Museum of History for the purpose set out herein for which my photograph or voice recording might be used is purely voluntary on my part.

I further understand that I will not be compensated in any way for the use of my picture or voice recording and waive any right I might have to compensation.

Parent
Signature _____ Date _____

If child is under 18, Parent signature required

Relationship to child (if applicable) _____

Parent/Adult

Address _____

Witness _____

Person taking photo: please give very brief physical description of each person: estimated age, hair color, distinctive color of clothing or other distinguishing features (use back of sheet for more space).



**City of El Paso
El Paso Museum of History
AGREEMENT AND RELEASE OF LIABILITY**

I, _____ hereby acknowledge
Parent/Guardian

that _____ has voluntarily agreed to participate
Child's Name

in programs and collaboration activities of the El Paso Museum of History, located 510 N. Santa Fe El Paso, TX 79901. I am aware that I am voluntarily participating in these programs and collaboration activities at the El Paso Museum History with knowledge of the danger involved and hereby agree to accept the danger involved and hereby agree to accept any and all risks of injury and/or death.

Please initial _____

As lawful consideration for being permitted by the El Paso Museum of History to participate in these activities, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute the El Paso Museum of History, museum employees, volunteers and agents, or the City of El Paso, City's employees, volunteers, and agents, as a result of my participation in the educational programs and collaboration activities at the El Paso Museum of History. In addition, I hereby release and discharge the El Paso Museum of History, museum employees, volunteers and agents, and the City of El Paso, City's employees, volunteers and agents from all actions, claims or demands, I my heirs, distributees, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in the programs, collaboration activities or any museum business, in the operations of the buildings and grounds of the El Paso Museum of History.

Please Initial _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between myself and the El Paso Museum of History and I sign it of my own free will.

Please Initial _____

Dated _____
(Parent/Guardian Signature)

Name _____

Address _____

City _____ Zip _____

Personal Insurance Carrier _____

Policy # _____ Phone # _____

Dated _____
(Witness Signature)