

## 2018 Summer Camp Registration, Waiver & Payment Form

**Camper's Name:** \_\_\_\_\_

(Please fill out one form per camper)

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  M  F      Entering Grade:     2    3    4    5

Known Allergies and/or Health Issues: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Child's Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Atl Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Museum Member?     Yes, Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_     No

Emergency Contact: \_\_\_\_\_      Emergency Contact Phone: \_\_\_\_\_

**Waiver**

*As a parent or legal guardian, I give the child named on this registration form permission to participate in the South Florida Museum's Summer Camp Program(s). I understand that some activities may involve a degree of risk. With my signature, I hereby release discharge and hold harmless the South Florida Museum and its officers, trustees, employees, supervisors and volunteers from all claims including from any and all liability and responsibility in connection with such activities and hereby release all parties from liability by reason of accident or injury suffered by said child while engaged in such activities.*

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- Museum Member Camp..... **\$200** per session (**\$160** Wk 4)
- Member Additional Camper\* ..... **\$180** per session (**\$140** Wk 4)  
    *\*10% Family Discount offered to Museum Members with additional campers each week*
- Non-Member Camp..... **\$250** per session (**\$210** Wk 4)

		<b>Enclosed Payments</b>	
<input checked="" type="checkbox"/>	<b>Elementary School (grades 2-5)</b>		Total Session Fee
	Week 1: June 11-15	<i>Mermaids Around Us: Manatee Camp</i>	
	Week 2: June 18-22	<i>Shells, Shells, Shells...and Seahorses!</i>	
	Week 3: June 25-29	<i>ROCKS and Roll: Geology Camp</i>	
	Week 4: July 2-6 (4 day wk)	<i>INSECT-OPIA! (Insects and Arachnids)</i>	
	Week 5: July 9-13	<i>SHARK-TOPUS! (Sharks, Octopus, Squid and Cuttlefish)</i>	
	Week 6: July 16-20	<i>NIGHTMARES OF NATURE</i>	
		<b>Total Amount Enclosed</b>	



## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Health / Accident Insurance Company (Name & Policy #)	
Emergency Contact	Emergency Phone
<p>Please list ANY physical limitations, medical problems and special dietary needs. If camper will be taking medication during camp, you will be required to consult with camp staff and comply with SFM medications policy. If no special considerations need be made, please write N/A.</p>	
<p><b>RELEASE AND WAIVER OF LIABILITY:</b> I give permission for South Florida Museum staff to provide any non-emergency first aid assistance they feel appropriate for the child named above. I also give permission to the doctor or hospital personnel to provide emergency medical treatment and or anesthesia to be administered in my absence. This authorization includes but is not limited to, any emergency treatment and/or surgical procedure(s) deemed necessary by the qualified personnel. I understand that by law, a health facility cannot provide needed treatment unless the parent/guardian is with the child or provides appropriate authorization.</p> <p>I will be responsible for any and all medical expenses that may be incurred. In consideration of the right to participate in the South Florida Museum Summer Camp Program, I, for myself and my minor child, have and do hereby assume all risks and will indemnify and hold harmless the South Florida Museum, its employees, trustees, officers, volunteers and members from any and all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in connection with my child's participation in any activities sponsored by the South Florida Museum, whether caused by ordinary negligence or otherwise. This signed agreement will serve as a release or assumption of risks for my heirs, executor and administrators, assigns, or next of kin and for members of my family. If any portion of this release is found invalid the balance will remain in full legal force and effect.</p> <p>I also agree to instruct my child to cooperate and comply with all reasonable directions and instructions received from Summer Camp instructors or museum staff. I understand that any violation of these rules will result in consequences, potentially including dismissal from the camp. I understand that if my child is dismissed, I will not receive a refund for the camp.</p>	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

<p><b>PHOTO RELEASE:</b> The undersigned hereby authorizes South Florida Museum personnel to photograph, film, and/or interview the Summer Camp student named above during camp sessions. To prepare presentations, photographs, video and audio tapes, movie films, and computerized multimedia in which the student will appear, so as to inform the public about educational programs at the South Florida Museum. All rights, royalties, and materials will belong to the South Florida Museum.</p>	
<p>PLEASE CHECK ONE</p> <p>_____ I, the undersigned, <b>hereby release and discharge</b> the South Florida Museum from any and all claims and demands arising out of or in conjunction with the use of visual and audio recordings.</p> <p>_____ I, the undersigned, <b>do NOT agree with the above and do NOT</b> want my minor child to be photographed, filmed, and/or interviewed for the above purposes.</p>	
<b>Parent/Guardian Signature</b>	<b>Date:</b>

<b>Payment Method:</b>	
<input type="checkbox"/> CASH ( <i>In Person Only</i> )	
<input type="checkbox"/> CHECK # _____ enclosed	
CREDIT ( <input type="checkbox"/> AMEX / <input type="checkbox"/> DISC / <input type="checkbox"/> VISA / <input type="checkbox"/> MC)	
#	EXP: _____ / _____
CSC#:	SIGNATURE: