

Camp Participation Form



We must have a copy of this Participation Form on file in order for you to attend Camps at the Frazier History Museum.

For planning purposes, please return the form **within 2 weeks** of the camp start date by e-mail

(education@fraziermuseum.org) or by mail (FHM, Education, 829 W. Main Street, Louisville, KY, 40202)

This is especially important if your child has allergies or other health considerations.

Child's Name _____

Parent/Guardian Name: _____

Day Phone _____

Alternate Day Phone _____

E-mail Address: _____

In order to help the Frazier staff plan and execute our programs, it is especially important to make note of any allergies, medical or behavioral conditions in the 'Emergency Medical Information' section, below.

Camp Rules

1. I will respect teachers and fellow children.
2. I will act in a safe and responsible way.
3. I will ask camp leaders for help if I need it.

I have read the camp rules and will abide by these rules. I understand that the camp staff has the right to remove any person from the program that does not abide by these rules. If I am asked to leave I understand that my tuition is non-refundable.

Child's Signature Date

Parent/Guardian's Signature Date

Emergency Medical Information

Activity restrictions or precautions _____

ANY Allergies/Sensitivities (food, medication, environmental) _____

Medication child is currently taking* _____

***Please note that museum staff cannot dispense any medication to a child. Please call to discuss if this poses a problem.**

Special Needs or important Information about your child's medical history / behavior _____

Please list two individuals who may be contacted if your child should become ill or need to be sent home:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent/Guardian Signature _____ Date _____

Alternate Pick-Up Authorization

I authorize the following individuals to pick up my child from the program:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Photography Release

I authorize the Frazier History Museum to store and/or use (without payment) any photographs and/or video of my child for public relations, marketing, advertising, internal training purposes, and/or any other form of communication.

Parent/Guardian Signature _____ Date _____

Emergency Medical Consent

In the event that reasonable attempts to contact me and the two alternate individuals that I have designated are unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician, dentist, and/or hospital listed below:

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Preferred Hospital _____ Phone _____

In the event that the designated professionals listed above are not available I hereby give my consent for the administration of any treatment deemed necessary by another physician or dentist at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concurring in the necessity for such surgery are obtained before surgery is performed.

Parent/Guardian Signature _____ Date _____

- OR -

Emergency Medical Refusal (*DO NOT complete if consent was given above*)

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury I wish the program administration to take no action or to: _____

Parent/Guardian Signature (*Do not sign if consent was given above*): _____

Liability Waiver

(This section must be signed in order for your child to participate in the Frazier Museum camps program)

I am the parent/legal guardian of _____ (Child). On behalf of me and Child I acknowledge and agree that there is a risk of serious injury and/or loss associated with Child's participation in the Frazier History Museum (FHM) camp program. As a condition of Child's participation I assume that risk and forever waive and agree to hold the FHM and its directors, officers, employees, and agents harmless from any and all claims liabilities and or damages arising from Child's participation in the camp. I understand that Child will not be permitted to participate in camp at the FHM without signing this agreement.

Parent/Guardian Signature _____ Date _____

How did you hear about our Camps? (*Please check any that apply*)

- Camp brochure mailed to my house referral from friend Frazier Museum website
 Radio Frazier Museum e-blast I'm a Frazier Camp graduate!
 other (*please indicate*) _____