

CALVERT MARINE MUSEUM SUMMER CAMP 2010

14200 Solomons Island Road South, Solomons, MD 20688

Phone (410)326-2042 ext. 41

REGISTRATION FORM

(One Form Per Child)

Mail with check to: Summer Camp, CMM PO Box 97, Solomons, MD 20688

Camper's Name: _____ Birthdate: _____

Camper is entering what grade? _____

Address: _____ City _____

State: _____ Zip: _____ Phone: _____

Parent/Guardian Name _____

Cell Phone: _____ Email: _____

Name of Camp _____ Date of Camp _____

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Cancellation must be received 10 business days before camp for refund. There is a \$5 charge when cancelling.

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of emergency.:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Are there any special needs or conditions that we need to be aware of ?

Seizure Allergy to _____

Behavioral Issue

Asthma

Diabetes

Mental health condition

Physical disability

Headaches

Other _____

If you checked any of these please briefly describe your child's condition.

Please either attach or use back of form.

Does your child need to take or carry any medication during camp hours?

Yes No

Med (s) needed and directions _____

CHILD RELEASE AUTHORIZATION

Authorized persons, other than parents, to pick up child from the facility:

Name _____

Name _____

Persons **UNAUTHORIZED** to pick child from the facility

Name _____

AGREEMENT: I hereby grant permission for my child to participate in the CMM programs as described, including the activities for which my child is registered. I understand that CMM may deny enrollment to or dismiss at any time any participant who it considers to be participating inappropriately in the program. I also understand that any of the programs receiving an insufficient enrollment may be cancelled. I grant CMM permission to use any photographs of my child taken during camp for promotional purposes.

In the event of an emergency requiring immediate medical treatment, I understand that the staff of CMM will try to reach me by using the telephone numbers listed on the camp registration form. In the event that I cannot be reached, I authorize treatment by appropriate medical personnel as approved by CMM staff.

I understand and accept the need for CMM to be fully informed as to the physical and mental health of the camper. Failure to disclose such essential information at the time of enrollment or upon request of CMM may cause for immediate dismissal. CMM will respect the confidentiality of such information.

RELEASE STATEMENT: In consideration of the acceptance of the camper for enrollment in CMM Summer Camp 2010, I hereby release and discharge the Calvert Marine Museum (CMM), its agents, employees and officers, from all claims, demands, actions, judgments, and executions which the undersigned, as parents/guardian of the camper, ever had or now has or may have or claim to have against CMM, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of the camper's enrollment in the Calvert Marine Museum Summer Camp 2010.

Signature of Parent/Guardian

Date